### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 7832 CERTIFICATE OF DEATH

07742

Reg. Dist. No. ....9

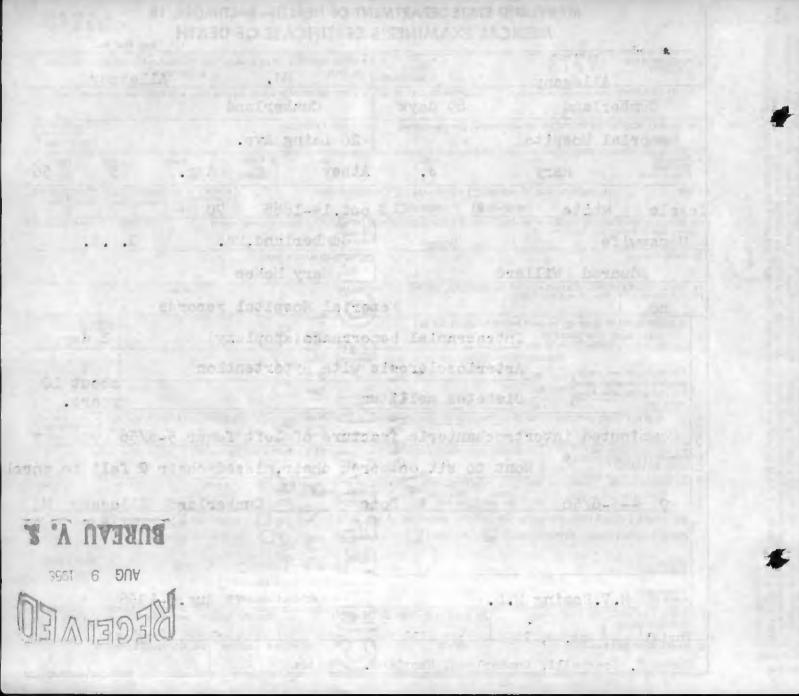
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEA	SED
COUNTY Allegany	MARYLAND	STATE Marvla	nd county All	eganv
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (It outside corpor	nd COUNTY All	nearest town)
OR and give neerest lown) TOWN Frestburg	(in this plece)	OR TOWN T	a am im a	
HOSPITAL OR		STREET	Coning  If sural give local	lion)
INSTITUTION OR	w. 10-2	ADDRESS	fit then Site soon	, only
STREET ADDRESS Miners Hos	pital	St	ate Street	
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Walter	R.	Abbett	DEATH AULO	2 19 56
	, MARRIED,   8. DATE C		2200	NDER 1 YEAR   IF UNDER 24 HRS.
RACE WIDOV	VED, DIVORCED,		Mon	ths Days Hours Min.
		7,1905	50 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	OR INDUSTRY	11. BIRTHPLACE (State or foreig	In country)	12. CITIZEN OF WHAT
	Firemens Club	Lonaconing	Maryland	U.S.A.
13. FATHER'S NAME	The Control of the last	14. MOTHER'S MAIDEN		
***** A ***	6 % - 4 4	Toma	D=10-0	
	bbett	1 17. INFORMANT & A	Byers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yas, no, or unk.] [If Yas, give wer or detas of service]	16. SOCIAL SECURITY NO.	17, INFORMANT & A	DDKESS	
[Yas, no, or unk.] [If Yas, give wer or detes of service]	216-05-5825	Mrs. Evel	yn Abbett	Lonaconing. M
	18. MEDICAL CEI	RTIFICATION	nwife II	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH	7 -	there o	ONSET AND DEATH
(A)	winonand	Congestion	M	3 days
ANTECEDENT CAUSE(S) DUE TO	200 0 - di	11 0 -	-	
DISEASES OR CONDITIONS, IF ANY, (B)	YVIallanan	Alysenter	nsion	7 years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	01 4	(,11):		1/12
(C)	Chronic V	ephrosis		Tylors
TO THE DEATH BUT NOT RELATED TO THE				1 0
DISEASE OR CONDITION CAUSING DEATH.				
	NDINGS OF OPERATION			20. AUTOPSY?
				YES NO
	E (Home, farm, fectory, street, office bldg., etc.)	21c, WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (House		21f. HOW DID INJURY OCCUR	17	
M.	While Not while et work			
		10 4.	10 .1	. 1 fact and the decreed
22. I hereby certify that I attended the				
	and that death occurred a			
SIGNATURE		n IAA CJ	ESS (Street, city, town, stal	DATE SIGNED
Jeslu VY Mile	M.D. 04	-1 Main ST.	Jonacone	16 NG 8.3.20
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or c	unity) (Stote)
REMOVAL (SRECIEX) BUT IAI  8/4/5	6 Laurel H	ill Cemetery	Mascow.	Maryland.
24. REC'D BY REGISTRAR   REGISTRAR'S SIG		1 25. FUNERAL DIRECTOR'S		ADDRESS
	4/ ()			anamina Ma
DATE 8- 6- 56 Dura Ho	MALL A. FAG	George Eic	nnera Lei	naconing, Md.

CERTARGATE OF DEATH

BUREAU V. E.

9961 EI 5NV

BECENAED



VS A15 (4) 15M 9/55

7990	021(11110)	ALL OF BEATT		Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  A LLEGANY	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE PENNSYLVA	5 COUNTY	tion: Residence before admission) . Y
b. CITY OR TOWN (If outside corporate limits, write c.	LENGTH OF STAY IN 16	N .		RURAL and give nearest town)
RURAL and give nearest town) CUMBERLAND	II DAYS	ARTEMAS	73	5 x - 3
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION MEMORIAL HOSPITAL, MEMORIAL		d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print) MR LESTER	Middle	BARNES	4. DATE MO OF DEATH ALL	30 -/
5. SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED		AUG.28, 1895	lost birthday)	
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Farmer  Gen	or Business or Indu eral Farmi	ISTRY 11. BIRTHPLACE (Slote of PENNSYLAV	r foreign country) 61 INA, Inglesm:	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
DAVID BARNES		FRANCES		
(Yes, no. or unknown) . All was give were or deter of service) !	one 17.	MEMORIAL HOSP		AND, MD.
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate codise (a), stoting the underlying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONDITI	nyolindi	not related to the repond	toul	INTERVAL BETWEEN ONSET AND DEATH  I Augustian Death  I Augustian Death  INTERVAL BETWEEN  ONSET AND DEATH
CATIC		D. (Enter noture of injury in P		PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRI OR CONTRIBUTING 2 CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	DE HOW INJOK! OCCORN	D. (Lines notice of injury in Fi	of total total tell to.	
<u> </u>	_ Not white fo	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive an		ho. Curt	M, from the causes  ODRESS (Street, city or town  Pre St., Cumbe	mil, 30 angs
REMOVAL (Specify) Burial Sept. 2, 1956	Fairview  ADDRESS	Christ Cem		ennsylvania
23. FUNERAL DIRECTOR'S SIGNATURE			BY REGISTRAR 246. REG	SISTRAR'S SIGNATURE

CERTIFICATE OR DEATH

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SEP 6 1250

Within corpor	ate	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	07745
\$ B 8		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dis	t. No. 4
auld auld	1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residen	
she crei	1	o. COUNTY Allegany MARYLAND O. STATE Md. b. COUNTY Alle	
yield,		b. CITY OR TOWN (If outside corporate limits, write RURAL and	
esso of the contract of the co	0	Cumberland 48 yrs. Spring Gap	
is nector.	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS R • F • D #4	e. IS RESIDENCE ON A FARM?
D.O.	1	et the Memorial Hospital Old Town, Md.	YES NO
delic lor in final strong	3.	NAME OF First Middle Last 4. DATE Month OF	Doy Year
une eg:		(Type or print) Jessie Ray Bean DEATH Aug.	24 19 56
If of the far he r	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years lost birthday)	
ined if		male white widowed Divorced Sept. 16-1907 48 yrs. Months	lays Hours Min.
v eta	100	during most of working life, even if retired)	EN OF WHAT COUNTRY
nd be		Laborer-Jones-Laughlin Steel Co. Delray, W. Va. U.	S.A.
1 o 1	13.	FATHER'S NAME 14, MOTHER'S MAIDEN NAME	
Sges		Harvey Bean Francelia Lee	
Page age		. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Cumberlan	d.Md.
Give		yew W.W. 2 220-03-7256 Jerry McGraw.Rt #4 0ld Town	Rd.
Will Will		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
arm 18		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute cardiac failure	sudden
Them sit fam.		420.1 DUE TO	
will will		Conditions, if ony, which) (b) Myocardial infarction	?
and in a support		gove rise to immediate couse (I), stating the underlying DUE TO	
a de de		couse lost. (c) Coronary occlusion (left)	
os as	NO	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
din din	LA		YES NO
cert pen iner	CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY   0 or CONTRIBUTING   CAUSE OF DEATH.	
This man	-		
SR: wo	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Coun fociary, street, office bidg., etc.)	ly) (Stote)
the dicc	ME	p. m. 19 at work of work	
Ting Me Poge			, and find that
Pied OR:		death resulted from: Natural causes 🖪, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined cause 🔲.	
5 %		4/1/2	DATE GIGUED
to t		SIGNATURE TO DESTROY M. D. M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
certificed to 1		ASSISTANT MEDICAL EXAMINER []	
cute the cer farwarded t FUNERAL or remayal.		NAME (Type) H. V. Deming M.D. DEPUTY MEDICAL EXAMINER Aug. 24-19	56
cute farwer or re	220	D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stole)
5,50	_	Burial Aug. 28, 1956 Davis Memorial Cemetery   near Cumberland, M	arvland.
VS. A15ME(5)		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REGISTRAR 246, REGISTRAR'S SIGN	ATURE
5M 9/55	J	ames F. Scarpelli, Cumberland, Maryland.   Oneg. 2-6,1957 M.P The	andon M.L
Ma		Sedefaller	0

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# BUREAU V. E.

9961 PT 90A

BECEINED

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7833 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTALLegany Filed p. COUNTY Maryland Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 RURAL and give nearest lown) Frostburg Midland d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Miners Hospital YES NO and 2 NAME OF Middle Inst DATE Month Doy Year Filled DECEASED OF DEATH Marie Sara Beeman 1956 (Type or print) 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost bigthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min Female White WIDOWED T DIVORCED T 20 YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY! Midland. MD. U.S.A. None 13. FATHER'S NAME offler 14. MOTHER'S MAIDEN NAME physician John Beeman Sarah Dawson haurs ğ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Adáress attending No None John Midland Beeman ease CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ä ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4-10.1 DUE TO 5 any Conditions, if any, which gave rise to immediate 휞. **DUE TO** couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(u) 19 WAS AUTOPSY PERFORMED? YES T NO Z 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy. Year (County) (State) factory, street, office bldg., etc.) o. n. While Not while of work ! at work D. m. 21. I certify that I attended the deceased from 1920 that I last saw the deceased tached that death occurred a What My from the causes and on the date stated above. det ATE SIGNED ACTUAL SIGNATURE ě prior shauld FUNERAL ( PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or county) (Stote) 2.1956 Oak Hill Cemetery Lonaconing.

ADDRESS

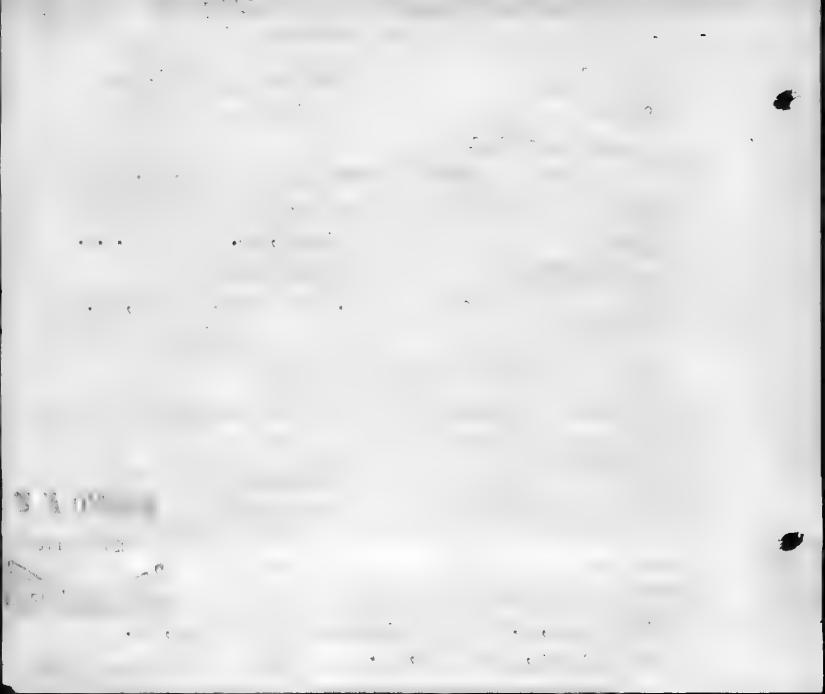
Eichhorn, Lonaconing,

24a, REC'D BY REGISTRAR

24b REGISTRAR S SIGNATURE

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE



ADDRESS

Coulter, Sharon,

Rea. Dist. No.

Mercer

Month

Address

Sharon,

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

Months

a. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED?

YES NO [2]

(Stote)

(Stote)

Days

U.S.A

(County)

YES NO

Year

19 56

0 15M 9/5S

23 FUNERAL DIRECTOR'S SIGNATURE

SET OF SOLETH

Within corporate	In	nite					NT OF HEALTH—BALTIMORE, 18	07749
iga de		1	7776 MED	ICAL	. EXAMINE	R'S	CERTIFICATE OF DEATH	Dist. No. 4
should be cre-	\[\frac{1}{2}\]	PLACE OF DEATH a. COUNTY	egany		MARYI	AND	2. USUAL RESIDENCE (Where deceased ired. If Institution: Re o. STATE Md . b. COUNTY A	sidence before admission) Llegany
necessery, processory, processor, processo		b. CITY OR TOWN (IF Cumbe	outside corporale limits, write RU	JRAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If autside carporale limits, write RURAL  Cumberland	
~		d. NAME OF HOSPITA	at or institution (if a	•		)	d. STREET ADDRESS 610 Shriver Ave.	o. 15 RESIDENCE ON A FARM? YES NO
any deloy funeral di r yaur file registrar p		NAME OF DECEASED {Type or print}	Mary		Middle		Bill 4. DATE of Aug.	20 19 56
# the	5.	female	6. COLOR OR RACE 7.	MARRIED			DATE OF BIRTH  9. AGE (In years lost burthday)  10 18-18-2  9. AGE (In years lost burthday)  Month  Month	DER TYEAR IF UNDER 24 HRS.  B Days Hours Min.
sher death.  y, and 3 to be retained and 2 with	100	USUAL OCCUPATION	ON (Give kind of work dan g life, even if retired)	10b. KII	NO OF BUSINESS OR II			U.S.A.
odurs of may ges 1, 2	13	. FATHER'S NAME  Henry W	lagner				14. MOTHER'S MAIDEN NAME  Margurite Wagner	
rin 24 Page Page File po		. WAS DECEASED EVE s. no. or unknown)	R IN U. S. ARMED FORCE (If yes, give war or dates of servi	ice)	ocial security No.		Address aughter) Myra Chandler, We	stfield.N.J
icate should be executed will ng" in pencil in them 18. Goffice along with farm PM3. ed as a burial-transit permit.	ATION	Canditions, if or gave rise to immed (a), stating the cause last.	DUE TO (b) (b) Underlying (c)	Gene	eralized		CERTIOSCIEROSIS (SENILITY)  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	ONSELAND DEATH  Gradual  Gradual  ART 1(a) 19 WAS AUTOPSY PERFORMED?  YES \( \) NO \( \)
This certifica and "pending Examiner's O auld be used	AL CERTIFICATION	20g EXTERNAL CAU PRIMARY   gr CON CAUSE OF DEATH.	ATRIBUTING []				tter nature of injury in Port I ar Part II af item 18.)	1-0-2
The w the w dical I	MEDICAL	20c. TIME OF INJUR Have a.m. p. m.	tY Month, Day, Year	While	Nat while of work	facia	E OF INJURY (Hame, farm, 20f. (City or town) ( ry, street, affice bldg , etc.)	County) (State)
CAL EXAM			from: Natural co	uses 🛅	, Accident [],		ve, held an Autopsy 🔲, Inspection 🚺 Inq tide 🔲, Homicide 🔲. Undetermined cause	_
MEDICAL Certificate of to the AL DIREC		ACTUAL	1/hzn	rur.	29 M.D.		_M.D. CHIEF MEDICAL EXAMINER []  ASSISTANT MEDICAL EXAMINER []	DATE SIGNED
O DEPUTY A cute the cert farwarded to FUNERAL or remayed.	224		I.V.Deming	M.D	Page 172c. NAME OF CEMETER	RY OF (	DEPUTY MEDICAL EXAMINER TANG. 21-1  CREMATORY 22d. LOCATION (City, town, or count	
5 5 5 5		REMOVAL (Specify)  Ringial  Funeral director	8/23/19		Oak Hill			D.
VS. A15ME(5) 5M 9/55	23.		Eichhorn,	Mon		MD.		anto Mid

HOWEVO K T

9961 . ST. .

BUREAU V. S.

ALET DUA

DECEINED

YES 🗀

**ADDRESS** 

(County)

NO

(Sleta)

DATE SIGNEE

/(State)

requires that the 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION law by d b 21c. WHERE DID INJURY OCCUR? (City or town) 216. ACCIDENT WAS UNDERLYING [7] 21b. PLACE (Homa, ferm, fectory, 민 OR CONTRIBUTING CAUSE OF DEATH executed OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: h certificate assimily 216. INJURY OCCURRED 21d. TIME OF INJURY (Month) (Dev) 21f. HOW DID INJURY OCCUR? (Yeer) (Hour) While Not while al work at work \_\_ ...., to . l. [ ] and that death occurred at 9. 3579. M. from the causes and on the date stated above. BIGNATURE FUNERAL ADDRESS (Street, chy, town, state) certificate death certi NAME OF CEMETERY OR CREMATORY LOCATION (City, town, of county) 23. BURIAL, CREMATION REMOVAL (SPECIFY) 25. FUNERAL DIRECTOR'S SIGNATURE Allecany move. S REGISTRAR'S SIGNATURE REC'D BY REGISTRAR damberland

BUREAU V. S.

516 B 10E.

BECEINELL

FUNER pode 0 1SM 9/SS

220. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Davis memorial Cumberland 23. FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR berland, ad.

Rea. Dist. No.

Month

YES.

Address

Months

ALLEGANY

Day

HE UNDER 1 YEAR IF UNDER 24 HRS

U. S. A.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO 17

> > (Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

15 PES DENCE

ON A FARM?

YES NO D

Year

19 56

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07753

CERTIFICATE OF DEATH

Reg. Dist. No....

1.2. USUAL RESIDENCE (HOME) OF DECEASED

						9 9		_	2
COUNTY		legany	MARYLAN		STATE Mary		TY Alle		<u> </u>
CITY (If or	utsida corporata limits, wi giya nearesi Iown)	rita RURAL	LENGTH OF ST		CITY (Il putside	corporate limits, write RUR	AL and give name	est town)	
	CumberLand	đ	7/25/5	6	TOWN Cum	aborland			
HOSDITAL C			Traffamo	~~~	STREET	(H sure	give location)		
STREET ADD	DRESS TTO BATT	y Country	THE THUS	7.2	ADDRESS 113	Wirmer St	reet		
3. NAME OF			(Middla)		(Last)	4. DATE		(Day)	(Year)
DECEASI (Type or Prin		ne ili	homas	Bost	2017	OF DEATH	A 220022 m 4	- 20	10 CC
5. SEX	1 6. COLOR OR	7. SINGLE, MAI		DATE OF		9. AGE last birthday	AUGUST IF UNDER	1 YEAR I	19 56 IF UNDER 24 HRS
	RACE	WIDOWED, I	DIVORCED,		4 -		Months	Days	Hours   Min.
Male	White		Widower		/1871		ur		
done during	CUPATION (Give kind of most of working life, e	ven if (	CIND OF BUSINESS OR INDUSTRY		II. BIRTHPLACE (Stata o	r foreign country)	12,	COUNT	OF WHAT
ratired) R	etired - I	almor -	Mailman	N	Moorefield	l. W. Va.	T	J. S.	. A.
13. FATHER'S N	AME (O)	whed farm,	)		14. MOTHER'S MA	IDEN NAME			
	John Bos	swell			Anna W	hetzel			
	ASED EVER IN U. S. AR		16. SOCIAL SECURIT	Y NO.	17. INFORMAN		_		
(Yes, no, or unk.)	(If Yas, give war or	datas of sarvice)	None		Allegen	y County ]	ned me	water F	Records
			18. MEDIC	AL GERT	TIFICATION	3_0001103_		INTER	VAL BETWEEN
I DISEASES OR	CONDITIONS DIRECTLY	LEADING TO DEAT	" Vol			1.7-		ON5E	AND DEATH
S 61	MMEDIATE CAUSE	(A)(	AHONE	C 1	niscar	our o,			-
AN	ITECEDENT CAUSE(S)	DUE TO	0. 1.	6	lant.	- i mali	2 4 0		7
	CONDITIONS, IF ANY,	(B)	10erec	rai	· COLIE	LOSCIE	rouse		
STATING UNDER	THE ABOVE CAUSE RLYING CAUSE LAST.	DUE TO	af.	e e	Ch 16	1 - 6-			>
VI OTHER CIONIE	FICANT CONDITIONS CO	(C)	Chro.	nie	10075	NUITE,			*
	H BUT NOT RELATED TO		5	10	A for	in a Ca	1 1		>
DISEASE OR C	ONDITION CAUSING DI	EATH	~ ZZCCC	C	2 Met	work			AUTÓPSY? /
IVA, DATE OF C	PERATION	DUIDUIT NOTAM . 64	S OF OPERATION					YES [	
21a. ACCIDENT	WAS UNDERLYING		ome, farm, lactory,	21	c. WHERE DID INJURY C	CCUR? (City or town)	(Count	ly}	(Stefa)
	IG CAUSE OF DEATH Y MEDICAL EXAMINER)	OF INJURY street	i, olfica bldg., atc.)						
	UURY (Month) (Day)		. INJURY OCCURRE		II. HOW DID INJURY	OCCUR?			
			hila Not whi						
22 I barah	ou contific that I :	stiended the dec	aread from 7/	25/5	6 10 10	3/20/ 19	56 that 1	lact caw	the deceased
	メ/20/EK					the causes and on th			
alive on	URE A	19 21	. /			ine causes and on in			Ate signed
Dr. J	. E. McLe	an	te acc	The A car		tCumberl			20/56
23. BURIAL, CRI	ابط بيداد اطمالك المكاب الألاب	TE THEREOF	I NAME OF CEM			LOCATION (City,			(State)
REMOVAL (	(SPECIFY)								(Aum of
Buri 24, REC'D BY R	Ch dh	3-22-56		t Cem			eld, W.		
		GISTRAR'S SIGNATUI		0	25. FUNERAL DIRECT		· ·	DDRESS	
DATE 2/22	-156	V.K.K.	acila MI	S	P. E. Th	rush, Mooref	Mield, W	. Va.	•

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate lights. MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7783 28 Reg. Dist. No should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. STATE Md. b. COUNTY ALLEGANY o. COUNTY Allegany MARYLAND b. CITY OR TOWN If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumber Tand Ellerslie prior la OF NAME OF HOSEIAL OR ISSUED TOB (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS Dead ON A FARM? Memorial Hospital. YES NO NO 3. NAME OF Middle 4. DATE Month 56 Clark Barbara Lea DEATH Aug. (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 8. DATE OF BIRTH 5. SEX 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Days Hours ained Aug. 8-1952 white WIDOWED [ DIVORCED [ female 2 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) ന 12. CITIZEN OF WHAT COUNTRY? 5 5 during most of working life, even if retired) U.S.A. Cumberland, Md. 5 none pug Child 14. MOTHER'S MAIDEN NAME YOU 13. FATHER'S NAME Poges 1, 2 Geraldine Speelman John I Clark 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Hyndman, Pa. P.M.3. Pe Mrs.J.Stairs,Rt none INTERVAL BETWEEN ONSET AND DEATH STIDGEN permit. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Intra-abdominal hemorrhage olong with for burial-transit p **DUE TO** Ruptured liver Conditions, if any, which gove rise to immediate couse DUE TO Auto accident (o), stoting the underlying ō couse last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 03 WAS AUTOPSY PERFORMED? used NO [ 20c EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of item 18.) PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. Father's auto hit by another car in Pa. should ? ward 20d. INJURY OCCURRED \20e. PLACE OF INJURY (Home, form, Month, Day, Year 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) factory, street, office bldg, etc.) Not while Pa at work of work Stringtown Highway 21. I certify that I took charge of the remains described above, held an Autopsy 📆 Inspection 🏋 Inquiry death resulted from: Natural causes , Accident 14. Suicide , Hamicide , Undetermined cause forwarded to the O FUNERAL DIRECTO aming 217.6. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** H.V.Deming M.D NAME (Type) DEPUTY MEDICAL EXAMINER Aug.13-1956 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) REMOVAL (Spec.fy) 0 Porter Cemetery near Hyndman, Pennsylvania. buria] 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Zigler Funeral Home, Hyndman, Pa. 5M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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1 PLACE OF DEATH				i	2. USUAL R	ESIDENCE (Wh	ere decease	d lived. If institut		ce before	e admiss	non)
	legany		MAII	TYLAND	di dinit	Marvi	l and	b. COUNTY				
b. CITY OR TOWN (I RURAL and give re	If outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 16	c. CITY (			prote limits, write I	RURAL and	egani	est town	n)
Cumberla			26 day	's		Cun	herla	nd				
OR INSTITUTION	(AL (If not in hospital, g		address)			T ADDRESS				e		FARM?
	Heart Hosp					Redford		et			163	] ио 🗔
3. NAME OF DECEASED	Fir	st	Midd	le		Last	4. DATE OF	Ma	rth	Day		Year
(Type or print)	Ali			elyn	Damm	1	DEATH	Augu	st	4		19 56
5 SEX	6. COLOR OR RACE	7. MARR	IEDEN NEVER MARI	RIED 🔲 6	L DATE OF 8	IRTH		9. AGE (In years			IF UNDE	ER 24 HRS
Female	White	WIDOWE	_	Person II		4,1892		last birthday) 64 yrs	Months	Days	Hours	Min.
10a USUAL OCCUPATIO	DN (Give kind af work i king life, even if retired)	one 10b	KIND OF BUSINESS	OR INDUS	TRY 11 BIRT	HPLACE (State	ar foreign c	auntry)	12 CIT	IZEN OF	WHAT	COUNTRY
House			t Home			Marv	rland			11 4	S.A.	
13. FATHER'S NAME					14. MOTHE	R'S MAIDEN N				Ust	20 13.0	
	Russell					Mare	garet	Melbou	rne			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. IN	FORMANT			Ado	lresa			
no	In yes, are no or outer or a	F70. 50	7-10-751	LO	Cha	rt						
18. CAUSE OF DEA	ATH [Enter anly one co	use per lir	ne far (o), (b), and (c	J.]						INTER	RVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	Ca	reinomate	eie_c	veneralized					ONSET AND DEATH		
	DUE TO			33.038		124512				1	1U a	
Canditians, if a		Ade	nocarcino	ma. l	eft br	east				9 11	0	
gove rise to it	mmediate			,						y mo.		
cattse (a), stating	the under: DUE TO	non										
lying couse last.	) (c							the second secon				
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT I	NOT RELATED	TO THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PAR	T 1(a) 19.	. WAS /	AUTOPSY RMED?
	none										YES	
20a. ACCIDENT WA OR CONTRIBUTING	S UNDERLYING DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRED	. (Enter natur	e of injury in P	Port I or Por	t It of item 78.]				**
	Y Manth, Day, Yes	ir 20d Ib	JURY OCCURRED	20e. PLA	CE OF INJUI	Y IHome, farm,	. 20£ (Cib	or town)	- 11	County)		(Stote)
20c. TIME OF INJUR Have o. m. p. m.		While	Not while	fact	ory, street, a	ffice bldg., etc.	)	or rowing	(1	_ooniy)		faioisì
	none 19	at work					1					
21. I certify th	at I attended the	decease	ed fram Nov.	7.19	55_, 19_	toAug	4.1	956 19	that I	last say	w the	deceased
alive on Aug			, and the									
	~ // .		A	1 1	00001100			treet, city ar town,		ie dale		ATE SIGNED
ACTUAL S	mesa) f. 1	Jalk	enan 1	MO	- 1							
SIGNATURE				λ	r.D	U Pedio	rd St	Cumber	cland,	Md.	72-7	ــــــــــــــــــــــــــــــــــــــ
PHYSICIAN'S NAME (Type)T	ames P. Ha	ilina	n M.D									
220. BURIAL, CREMATIO			22c. NAME OF CER	METERY OR	CREMATOR	/	22d. LOCA	TION (City, town,	or county)		(State	4)
REMOVAL (Specify)			Zion H			em.		erland,			(Stone	~1
Burial 23. FUNERAL DIRECTOR			ADDRESS	Omor	147 0					SNIATHER		
						2400 REC'I	BY REGIST	1 7	STRAR'S SIC	PNATURE	1	an A
Silcox;	H. Lee i	Jump	erland.	Mid.		DATE	6 19	16 6	Ki-the	Tack	2 . /	181.

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 in corporate limits CERTIFICATE OF DEATH Rea. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived | If institution: Residence before admission] o. COUNTY o. STATE 'pa b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Lifetime CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION MEMORIAL HOSPITAL ON A FARM? 26 630 MARYLAND AVENUE YES NO NAME OF First Middle 4. DATE Month DECEASED **ESTHER** М. DECKER 1956 AUGUST [Type or print] DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday] Months Dovs Hours FEMALE WHITE WIDOWED X DIVORCED [7] JULY 6 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working hile, even if relired) SPRING GAP, MARYLAND U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES E. MARY HARDEN ROOT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Mone HOSPITAL. CUMBERLAND MARYLAND IB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 3 duno IMMEDIATE CAUSE (6) Cerebra Stemonton 4440 A **DUE TO** permit. Conditions, if ony, which been signed gove rise to immediate DUE TO cosse (a), stating the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRESSING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, [City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from 12 may, 1956, to 1 ang, 1956that I last saw the deceased \_, and that death occurred at 10:20PM, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE 122 to Eintre St, Cumberland, And PHYSICIAN'S JAMES STEGMATER.MD. NAME (Type) FUNER, 220 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) abod (Stote) REMOVAL (Specify) 8-4-56 Rose Hill Cem. Cumberland . Md. 2 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24ggREC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ocar-elli. Cur. Turl nd . Md VS A15 (4) 15M 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate limits 7790 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY D. STATE **6 COUNTY** MARYLAND ALLEGANY MARYTAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) CUMBERLAND 66 days LONA CONTING d. NAME OF HOSPITAL (if not in hospital, give street address) d. STREET ADDRESS . e. IS RESIDENCE ON A FARM? YES NO SACRED HEART HOSPITAL 17 ISLAND STREET NAME OF First 4. DATE Middle / Month Yeor DECEASED (Type or print) DEATH TOHN. DODDS 19 KA 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years lost birthday) IP UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months I WIDOWED-WHITER yrs MATE 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) (Retired Coal Mime s MARYTAND 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME WITLIAM DODDS XXXXXXXXXXXX Doro thy Burn DECTASED 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. INICIAL SECURITY IIIO 17. INFORMANT No None CHART 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CUNCHICPNEUMICN'IS 3 dans **DUE TO** CERFISRAL INFIRETION Conditions, if any, which (b) gove rise to immediate DUE TO cattle (a), stating the under-CEREBRAL THROMBOSIS lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? CICINILICIALITED MILTEINTOSCLE KESIS YES MO NO 205 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURRED\_(Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d, INJURY OCCURRED (County) (Slote) factory, street, office bldg., etc.) White: \_\_\_\_Not white: of work of work D. m 21. I certify that I attended the deceased from 7/29 19 5.7 ta ... 19 5 6that I last saw the deceased 19 ) 6 , and that death occurred at 715 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) Ulleraman PHYSICIAN'S SIG. WEISHAN (in belan) NAME (Type 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Lonaconing, Maryland. Aug. 10. Oak Hill Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Funeral Home, Lonaconing, Maryland

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Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS. e. IS RESIDENCE ON A FARM? 133 Utah Ave. Utah Ave. YES TO NO THE 3. NAME OF Middle DECEASED (Type or print) Fisher Jr. DEATH 19 56 Cvrus Henry Aug. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Hours white male WIDOWED [7] DIVORCED [7] VES. 100, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) B&O.R.Ry. Brunswick, Md. U.S.A. Retired-Car repairman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cyrus H.Fisher Sr. Laura Barger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 705-05-455/ (wife) Zelma Baker Fisher. Cumberland. Md. 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion also had sudden IMMEDIATE CAUSE (o) **DUE TO** Cardio-vascular-renal disease Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying Arteriosclerosis with hypertention vrs. couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 03 PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Hame, farm, 120f. (City or town) (County) (Slole) factory, street, office bldg., etc.) Hour o.m. While Not while at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection \* Inquiry \* and find that Accident , Suicide , Homicide , Undetermined cause death resulted from: Natural causes 🔼 DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S H. V. Dening M.D. DEPUTY MEDICAL EXAMINER TO Aug. 3-1956 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) (Stote) Hillcrest Burial Park Cumberland, Maryland 0 1956 Aug. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 245. REGISTRAR'S SIGNATURE VS. A15ME(S) James F. Scarpelli, Cumberland, Maryland. 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





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The bottom copy may be retained by the hospital: The law requires that the desiln cells.

NSTRUCTIONS

TO FULLIAL DIRECTOR: TILL taw requires the the death certificate lie filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	>
· COUNTY Illegaced MARYLAND	7 9 . COUNTY A.S.	Sed.
COUNTY MARYLAND  CITY (If outside corporate limits, frite RURAL  OR end give possess town)  (in this place)	CITY (Il outside corporate limits, write RURAL and give near	rest town}/
	TOWN CO.	Y
HOSPITAL OR	STREET (If rurel give location)	1
INSTITUTION OR Allegacy Co Infermed	g ADDRESS 33 Dougla	s cluz
3. NAME OF (First) / (Middle) U	(Last) 4. DATE (Mynith)	(Dey) (Year)
(Type or Print) Floyd N. Fri	zzell DEATHCHY.	18 1956
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, (Specify) Larried files	F BIRTH F. 1884 9. AGE last birthday IF ONDER Months Months	1 YEAR IF UNDER 24 HRS. Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work. 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
done defined most of working life, evan it of INDUSTRY retired to the Competed of the Competed	Kenoa Wva. U	So A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	JULIA BURGE	55
(Yes, no, or unk.) (If Yas, give war or dates of service)		7
No Zii to Toor		I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION LONGCONING, MD.	ONSET AND DEATH
IMMEDIATE CAUSE (A) Chronic	mucarditis	1
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	arferios clerosis	>
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	paralos cars.	>
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.	baychosio	?
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?, YES NO
21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OF INJURY street, office bidg., etc.)	1c. WHERE DID INJURY OCCUR? (City or lown) (Count	(State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED 2 While Not while at work approximately and the structure of the structur	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 144.4.	8, 1956, to aug. 18, 1956, that I	last saw the deceased
1 10 21 11 1	404 M, from the causes and on the date stated	
SIGNATURE	ADDRESS (Speet, city, town, state)	DATE SIGNED
Assessob no heaven.	n.w. 49 Trucce St	8-18-56
23. BURTAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, Iown, or county)	(Stete)
Rurial 8/20/1956 Oak Hill C	Temetery Lonaconing, M	D.
24// REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE		ADDRESS
Jun 20 19-16 Trinte & Front Mix	George Eichhorn, Lonacon	ing. MD.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 tilla comporate limité 7794 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY, ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CUMBERLAND, rural CUMBERLAND 20 MINUTES d. NAME OF HOSPITALINARY NORTH AUTO- HOSPITA AUTOd STREET ADDRESS . IS RESIDENCE ON A FARM? MEMORIAL & WARWICK AVES. RT. #1, BOX #202 YES NO K NAME OF First DATE Middle Month Year DECEASED (Type or print) DEATH AUGUST 19 56 CLARENCE R. GOTTSCHALL 5. SEX 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED TI P. AGE (In years last-bythday) IF UNDER I YEAR 8. DATE OF BIRTH IF UNDER 24 HRS Months WIDOWED [ MALE WHITE yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Ungineer BallisticsKANSAS Salina U.S.A. 13. FATHER'S NAME L'UVUET ) 14 MOTHER'S MAIDEN NAME JOHN GOTTSCHALL ary i'feiffer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. ers. Watherine Gottschall, Ua crlan 220-14-9331 Tes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 1 PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) Louis ( ) a 1 Canditions, if ony, which permi gave rise to immediate codse (o), stating the underlying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 179. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS LINDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, affice bldg., etc.) Haur o. m. While Not white at work of work p. m. 1957 that I last saw the deceased 21. I certify that J attended the deceased fram. \_\_\_\_, and that death occurred at 1:50P.M., from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S center Ot. Ju berland. Leo NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) llcrest -urial FarkQuaperland urial

VS A1S (4) 15M 9/SS

John J. mafer, Yumberland, warvland

ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

PARA . 4, 1956 W.R. Frank M.D.

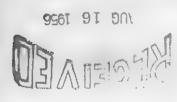
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7837 Ren. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Allegany MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negrest town) Westernport Pasenda davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 117 Main St. R.F.D. YES NO NAME OF **First** Middle 4. DATE Month DECEASED Joseph Edward Guinn (Type or print) DEATH Aug. 19 56 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE the years IF UNDER TYEAR IF UNDER 24 HRS (ast birthday) Months WIDOWED | DIVORCED [7] male 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Davis Chemical Plant-Barton.Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME B ertie Snyder Norman Guinn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 220-10-2683(wife)Eva M.Dve Guinn.Pasenda.Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: sudden Myocardial infarction with runture IMMEDIATE CAUSE (o) Books Frank **DUE TO** Coronary sclerosis with thrombus Conditions, if ony, which) gave rise to immediate cause **DUE TO** (o), stoling the underlying couse lost. (c) also had hemopericardium. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT NOT RELATED TO THE TERM NA, DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPS PERFORMED? NOF 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy 👩, Inspection 🔼, Inquiry 🖹, and find that death resulted fram: Natural causes k., Accident ..., Suicide ..., Hamicide ..., Undetermined cause DATE SIGNED ACTUAL mino M. D CHIEF MEDICAL EXAMINER 00 SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) H. V. Deming DEPUTY MED CAL EXAMINER 17 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 0 FUNERAL DIRECTOR'S SIGNATURE REGUSTRAR'S S GNATUR 24a REC'D BY REGISTRAR VS. ATSME(S) 5M 9/55



BUREAU K. L.

proporate	HmRs	7795	ID STATE DEPARTM		· ·	8 U7774,
, _	C	R HODGES	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 4
1.	PLACE OF DEATH o. COUNTY	ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Whe	RGINIA b. COUNTY	Residence before admission)
M)	RURAL ond give	JMBERLAND	36 MINS.	11	riside corporate limits, write RU SPR I NG	IRAL and give inforest town)
7.	OR INSTITUTIO	PITAL (If not in hospital, give string) NEMORIAL HOSPIE		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	First BABY	Middle BOY	HAINES-TURN #2	4. DATE Montl OF DEATH AUGUS	
5	SEX MALE	THE I	ARRIED NEVER MARRIED N	8. DATE OF BIRTH AUGUST 17.19	9 AGE ( n years lost birthdoy)	F UNDER 1 YEAR IF UNDER 24 HI Months Doys Hours Man
7	Do. USUAL OCCUPA during most of w	TION (Give kind of work done I orking life, even if retired)	06. KIND OF BUSINESS OR INDU		r fareign country)	12. CITIZEN OF WHAT COUN
I	). FATHER'S NAME RIC	CHARD S. HAINES		THE LMA	STEWART	
	WAS DECEASED E	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16 SOCIAL SECURITY NO 17. I	MEMORIAL HOSE	Addre PITAL-WARWICK	& MEMORIAL AVES
		DEATH [Enter only one couse pe DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), only (c)	twin		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if gove rise to catse (o), statis	ony, which (b)				
V STATE			NS CONTRIBUTING TO DEATH BUT			N IN PART I(o) IP WAS AUTOP: PERFORMED? YES NO [
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ASDICA	20c. TIME OF INJ Hour a. n p. n	n. Ye Wh	d, INJURY OCCURRED 20e. Pt. hite Not while fowork of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or lown)	(County) (Sta
q	21. I certify alive on	that I attended the dece	assed from			that I last saw the deceded and an the date stated photole)
/	PHYSICIAN'S NAME (Type)	WR Hada	DC MD	M.D.	erry, vice;	01/0
2	RO. BUR AL, CREMAT REMOVAL (Special Parties		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or	county) (State)
	. FUNERAL DIRECTO		ADDRESS		BY REGISTRAR 245 REGIST	

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director		LACE OF DEATH	LLEGANY		MARYLAND	O. STATE	IDENCE (W		lived. If institute b. COUNTY	ALLEGAL		ion)
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1 one		NAME OF DECEASED	Firs	t	Middle	lo	ist	4. DATE OF	Mon	th		Year
fille ages	5.	(Type or print)	6. COLOR OR RACE		LOREN	HARRIS B. DATE OF BIRT		DEATH	AUGUS"	IF UNDER 1 YE		1956
i. P.		MALE	WHITE	WIDOWED X	NEVER MARRIED DIVORCED	JANUAR		1887	P. AGE (In years lost birthday)  OP yrs.	Months Doy		Min.
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n an an arbar	13.	FATHER'S NAME		LAL	ORER	14. MOTHER"		RGINIA NAME		U.S	Doft.	
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ficate by the burner, or ren	L CERTIFI	200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING THE CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE H	IOW INJURY OCCURRE	D. (Enler noture o	of injury in	Port I or Port	II of item 1B.)			
al ar at this cert r use as	MEDICAL	20c. TIME OF INJU Hour o.m. p.m.	RY Month, Day, Yea 19		lot while	ACE OF INJURY ( ctory, street, offic	(Home, form e bidg., etc	n, 20f. (City (	or town)	{Count	у)	(Stote)
AL DIRECT After hashing the hashing the hashing the hashing the hashing the hashing the prior to buriol, or transpired to the hashing the		21. I certify to alive an	clay & DR. CLAY DI	1956	am July , and that death	accurred at	3:40				saw the ate state	deceased ed above. TE SIGNED
may be page 3 s	220	BURIAL, CREMATIC	9/1/56	22c. I	NAME OF CEMETERY O			1	ON (City, town, o		(Stote	:)
VS A15 (4) 15M 9/55	23.	John J.	r's SIGNATURE Hafer, Ci	umberla	odress ind, mary:	Land	240. REC	D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNAT	URE Jak	15 mo

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corners limits CERTIFICATE OF DEATH 7797 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND AT.T.EGANY MARYTAND ATTEGANY b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) CHMBERLAND CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO SACRED HEART HOSPITAL ITTAH AVENUE 3 NAME OF First 4. DATE Middle Month Day Year DECEASED DEATH (Type or print) GEORGE TADO **HT.ADIM** 19 56 AUGUST IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE ( n years lost birthdoy) Months Doys DIVORCED | WIDOWED V MALE October 19 papers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12 CITIZEN OF WHAT COUNTRY? carban pape after death. during most of working life, even if retired) USA Coall CZECHOSTAVAKTA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Personal Property lies George Hladum I unknown mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Anna Puha L io 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO Conditions, if any, which (b) gove rise to immediate per DUE TO casse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stole) (County) factory, street, office bldg., etc.) Hour o.m. While Not while of work do of work p. m. 21. I certify that I attended the deceased from 19.50 that I last saw the deceased and that death accurred at 4.421M, from the causes and on the date stated above. alive an ADBRESS (Street, city or town, state) **DATE SIGNED** ined by ACTUAL SIGNATURE AL Dis NAME (Typh) JAMES JOHNSON CUMBERIAND MD ş FUNER 220. BURIAL CREMATION. 226-DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buria 8-16-56 Peters & Paul Cerh 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b REGISTRÁR'S SIGNATURE Cum'erland . ...d. F. Scarletti VS A15 (4) 15M 9/55 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate limit. 7798 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) p. COUNTY **b.** COUNTY MARYLAND Allegany Allegany b. CITY OR TOWN [If outside corporate firmits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Memorial Hospital 721 Montgomery Ave. YES NO FT 3. NAME OF C. Hobday Carrie 56 Aug. DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. Months white WIDOWED #1 DIVORCED [7] female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? Woodstock, Va. U.S.A. Own Home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John F.Roberts Mary E.Fetzer 16. SOCIAL SECURITY NO. Md. Address (daughter) Mrs. Walter W. Steel, Cumberland, M. no none 18. CAUSE OF DEATH | Enfer only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Myocardial failure gradual IMMEDIATE CAUSE (a) **DUE TO** Chronic myocarditis Canditians, if any, which) gave rise to immediate cause ( DUE TO (a), stating the underlying Arteriosclerosis couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? Fracture of left femur at surgical neck. YES 🗍 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Went to open refrigerator door & felt a snap in left 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or fawn) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, affice bldg., etc.) p.m. J page 19 56 While of work of work Cabout Cumberland Allegany 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection k., Inquiry k., and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . DATE SIGNED wars HI N. SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Aug. 29-1956 NAME (Type) H.V.Deming M.D. 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL CREMATION. 22d. LOCATION (City, town, or county) (State) 0 Sept. 1. 1956 Green Hill Cemetery Martinsburg, West Virginia. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240\_REC'D BY REGISTRAR James F. Scarpelli, Cumberland, Maryland. 5M 9/55

FORES

9561

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7850 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) Allegany a. STATE Mary land a. COUNTY 6 COUNTY Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If auts de corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give regrest lown) Midland d. NAME OF HOSP TAL (If not in hospitot, give street oddress) d STREET ADDRESS B. IS RESIDENCE OR INSTITUTION ON A FARM? Dans Rock Road Dans Rock Road YES NO 3. NAME OF E'rst Middle 4. DATE Lost Month Year DECEASED OF 8/16/1956 Holder Mary Ann DEATH (Type or print) 19 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. los gihday Months Days Min. White Rama Le WIDOWED M DIVORCED [ Og. USUAL OCCUPATION (G've kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWOPK Own Home Lonaconing. MD. U.S.A. 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME Charles Beveridge . Mary Ann Savage IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Midland, MD. William Grev 220-10-2180 Mrs. No ease es de la composição 18. CAUSE OF DEATH [Enter only one cause per line for (q), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which ! gove rise to immediate **DUE TO** cottse (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES INO I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g ACC DENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH ( F EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. LC., 1956, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at A. M. from the causes and an the date stated above. ADDRESS (Street, city ar town, state) DATE SIGNED ACTUAL 5 PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page 18/1956 Old Coney Cemetery Lonaconing, MD. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b/REGISTRAR'S SIGNATURE Eichhorn, Lonaconing, 15M 9/5S

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2 4 5				Allegany		MARYLA		MC		b. COUNTY	ALLeg	any	
S. S.	X		and give nearest level		RURAL	c. LENGTH OF STAY IN	c. cm			orate limits, write	RURAL and give	nearest town)	
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Page ile p		15. (Yes	, no. or unknown)	FER IN U.S. ARMED FOR HIS yes, give wer or delet of a		6-05-5741	7. INFORMANT		- - - - - -	Address nn Huto	hson.I	onaconi	i in
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the war dical Ex e 3 shau		MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year 19	20d, II While of wor	1701 791118 [	PLACE OF INJUI foctory, street, o			or fown)	(County)	(Stole	e)
A Med			21. I certify the	hat I taok charge	of the r	emains described a	abave, held	an Autaps	y 🔲, In	spection 📑	Inquiry [1	, and find t	hat
Viet OR:			death resulted	from: Natural c	auses 🖟	], Accident [],	Suicide [],	Hamicide	, Un	determined co	zuse [].		
Por the DIRECT			ACTUAL SIGNATURE	F. V. Kan	i tore	mile		EF MEDICAL E				DATE SIGNED	
he ce	naval		EXAMINER'S H	.V.Deming	M.D.			ISTANT MEDIC UTY MEDICAL		□ \$Aug.17-	-1956		
F. C. P. P. C. P. C. P. P. C. P. P. C. P. P. C.	F 76	220		N. 226. DATE THEREOF		22c. NAME OF CEMETERY				ION (City, town, o		(State)	=
7 0			Burial	8/19/5	6		Cemete			naconing		Md	
. A15ME(	5)	1	funeral director GEORGE E		т	ADDRESS	REAL		D BY REGISTI	ZAR 246. REGIST	TRAR'S SIGNATU	no B.	6
5M 9/55			Charles L	TCUIKIMIA	بد	onaconing,	Md.	DATE O	1/0/0	O yours	telle	1000	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Cumberland, lid.

Cumberland. Md.

25. FUNERAL DIRECTOR'S SIGNATURE

H. Wayne George,

copy CERTIFICATE OF DEATH 7801 Reg. Dist. No. .. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Hours ath Allegany Maryland COUNTY COUNTY MARKENIA director, (If outside corporate limits, write RURAL (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY OR and give nearest town) (in this place) OR. TOWN Cumberland Cumber1and HOSPITAL OR STREET (If rure) give location) INSTITUTION OR ADDRESS within STREET ADDRESS 317 Washington St. 317 Washington 4, DATE (Month) (Dev) (Year) 3. TAME-UP (Middle) (Last) UNION ADAM (Type or Print) MARY CLARE KEAN 19 56 5. SEX COLOR OR 7. SINGLE, MARRIED, B. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED, Months Days Hours (Specify) Widowed Female YIS. Aug. 4 Ξ 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT dona during most of working life, even if COUNTRY? Housewife Own Home Marv1and U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME completely William Landwehr 0 4 5 5 **3 6 4 6 6 4 6 5 7 3** Mary C. Clay 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (If Yes, give wer or detes of service) Mrs Helen McDonough No 317 Washington None and 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician IMMEDIATE CAUSE USB DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. attending DUE TO derached 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH the 9 19a. DATE OF OPERATION 20. AUTOPSY? 196, MAJOR FINDINGS OF OPERATION NO YES | þ should 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (Stele (County) 21d. TIME OF INJURY (Month) (Day) 21f. HOW DID INJURY OCCUR? (Year) 21a. INJURY OCCURRED While Not while at work week 1579 5 6. to Chilly 19.5.6. that I last saw the deceased 22. I hereby certify that I attended the deceased from... certificate 10M SIGNATURE ADDRESS (Street, city, town, state) NAME OF CEMETERY OF CREMATORY 23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF LOCATION (City, town, or county) A15C Aug.14,1956 S.S. Peter & Paul Cemetery Burial

TOR: The executed t DIRICTOR peen 135 certificate death

REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE



22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

Cometery

Maryland

22d LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

inhurg

240 REC'D BY REGISTRAR

DATE

(State)

220 BURIAL, CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

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Reg.	Dist.	No		

fer Phis of Chis	e ilmits MARYLAND STATE DEPARTMEN	IT OF HEALTH-BALTIMORE, 18	7				
r Jeath. A	7804 CERTIFICATE	OF DEATH	<i>f</i> .				
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
s af the	COUNTY Allegany MARYLAND	STATE Mary and county Allegany	1				
director, 1	CITY (If outside corporate limits, write/RURAL LENGTH OF STAY OR and give-freezest town) TOWN  LIM DELIANCE  LENGTH OF STAY (In this place)	CITY (1 outside/corporate limits, write RURAL and give nearest fown) OR TOWN / 4 //4//-					
-	HOSPITAL OR ENSTITUTION OR STREET ADDRESS MEMORIAL HOSP	STREET (Il rurel give location) ADDRESS R.F.D # 1. Cumberland	7				
istrar within the funeral	3. NAME OF (First) (Midde) DECEASED (Type or Print) FRANCES MIDRED L	(Lest) 4. DATE (Month) (Day) (Ya OF DEATH 8 4 19	-1				
the regis	5. SEX 6. COLOR OR 7. SINGLE, MARKIED, B. DATE OF RACE WIDDWED, DIVORCED, (Specify) WIDD WED 6-1	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 1 YEAR Hours	Min.				
-C 70	10a, USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired)  HEUSCWIFE 10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WH COUNTRY? USA	IAT				
e filmi fotely sit per	13. FATHER'S NAME  COSSIYAN	MARY ALICE FERGUSON					
ortificate be filed with and completely filled burial transit permit.	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yas, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS  MEMORIAL HOSP,					
9 "	E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A)  MEDICAL CERTIFICATION  16. MEDICAL CERTIFICATION						
he de physi r use	ANTECEDENT CAUSE(S) DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE	LJEOSIS ?					
	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	ase -					
equires that to a stending detached for	TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	0					
w req , the be q	196, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOP: YES NO					
The lay ted by should	21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.)	Cic, WHERE DID #NJURY OCCUR? (City or lown) (County) (Stete	Described.				
TOR: The executed embly sho	21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURRED While Not while of work	211. HOW DID INJURY, OCCUR?					
DIRECT Peen asse	22. I hereby certify that I attended the deceased from	19.556, to	ceased				
FUNERAL DIRECTOR: The law certificate has been executed by death certificate assembly should NSC 1-55 10M.	signature leaskows M.D. 4	49 (Tree of St Create St Word in 8/7/	SK				
	BURIAL 8-7-1956 Rose Hill	CEMETERY CUMBERIAND MC	Stafe)				
75 45	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  LIVENTEL & FRANCE M. D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS  W	28.				

III bottom copy may be retained by the hospital or attending physicial.

FUNERAL DIRECTOR: The law requires that it.

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Lange Control

Within corporate \$15, MEDICAL EXAMINER'S CERTIFICATE OF DEATH emotion Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY o. STATE b. COUNTY Allegany DESIGNATION Md. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Cumberland Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? YES NO 1 308 Howard Sacred Heart. Hospital 4. DATE Middle Menth Day Year DECEASED Noreen (Type or print) DEATH Linda Lytle A112 9. AGE (In years 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED 188. DATE OF BIRTH IFUNDER TYPAR IF UNDER 24 HRS. Female March 2-1956 WIDOWED T DIVORCED | olored 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? CI ond Cumberland . Md . none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Lytle Margerye Lvtle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Lvtle, Cumberland, Md. (mother no interval Between onset and death sudden 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: Acute pulmonary edema DUE TO Cardiac failure due to congenital anomaly of left coronary artery, with narrowing, Canditions, if any, which gave rise to immediate couse (a), stoting the underlying couse Inst. also had an enlarged thymus. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES THE NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20s. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not white at work of work p. m. 21. I certify that I taok charge of the remains described above, held an Autopsy (M). Inspection (M), Inquiry (M), and find that death resulted from: Natural causes ... Accident . Suicide , Hamicide , Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE forworded to ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) H H.V.Deming M.D. V.Deming M.D 229. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Iown, or county) (State) REMOVAL (Specify) Md Cumberland Woodlawn Cemeterv Buriel **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Cumberland, Md J. Hafer 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ian and camplete carban papers. I offer death.	100	TATLE  USUAL OCCUPATION  during most of word  the Political State  FATHER'S NAME	ON (Give kind of king life, even if	work don	1	DIVORCED E OF BUSINESS OR II orland a Glass	NDUS	TRY 11. BIRTHPLACE (STORM ENGLAM) PARMOTHER'S MAIDEN	D Wai	**				COUNTRY
ling physicians of a 72 hours of	15  Ye		R IN U. S. ARME (It yes, gave wor or d 兄文公开送兄)	D FORCE area of servi 表金素	%x214	-32 <del>3</del> 453		EMMA BROOT		( DECEAS				
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anding physici icate has bee he buriol-tran	CERTIFICATION	HIC	7/////CS	CLZ DEATH 20	FICET	1c ()	7/2	NOT RELATED TO THE TERM CIG VASCU (Enter nature of injury in	LAR	17150,	PASE	RT 1(a) 11	PERFO	AUTOPSY RMED? NO
bis certification, use as t	MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Da	y, Year	White N	OCCURRED - 200	fac	CE OF INJURY iHome, for tory, street, office bldg, et	m. 20f. (City	or Jown)		Caunly)		(State)
reforce by the hospits RAL DIRECTOR After Its should be Verlached for stror prior to buriol, cre		27. I certify the clive on	S.G. WEI	1-2 1-67	1956, Wee			occurred at Q 35	ADDRESS (S	4	ind on t		e state	deceased ad above. ATE SIGNED
moy be r poge 3 st the regist		BURIAL, CREMATIC REMOVAL (Specify)	N. 22b. DATE T		22c.	NAME OF CEMETER		CREMATORY Come tery		MON (City, town, o	,,	clar	(State	1)
VS A15 (4) 15M 9/55	23.	funeral director Hafer, J	ohn J.	Haf	er,	um'erlar	nd	, ud 240, REC	D BY REGIST	TRAR 246 REGIS	TRAR'S SI	CNATUR	M.	2.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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٠. ـ	DR. C	JACOBSON 7897	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
ned with	1 PLACE OF DEA 6. COUNTY ALL	атн _EGANY	MARYLAND	2. USUAL RESIDENCE (WHO as STATE MARYLAN	ere deceased lived. If instituti b. COUNTY	on Residence before admission) ALLEGANY
9	b. CITY OR TO	OWN (If outside corporate limits, write give nearest town)  MBERLAND	c. LENGTH OF STAY IN 16	c. CITY OF TOYYELDE	ulside corporate limits, write R AND,	:URAL and give nearest town)
Short Short	d NAME OF E OR INSTITU	HOSPITAL (If not in hospital, give street ITION MEMORIAL HOSPITAL	address)	d. STREET ADDRESS	OLUMBIA ST.	e 15 RESIDENCE ON A FARM? YES NO X
es 1 and	3. NAME OF DECEASED (Type or print)	First CHARLES	Middle	MC LEAN	4. DATE Mon OF DEATH AUGUS	
oapers. Pages ath.	5. SEX MALE	6 COLOR OR RACE 7. MARI WHITE WIDOW	3.4	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 73 82 yrs.	Months Days Hours Min.
after death.	during most o	UPATION (Give kind of work done 10b. of working life, even if retired)  Postal Inspector	V. S. Gov t.	STRY 11. BIRTHPLACE (Slote W. VA.	or foreign country)	U.S.A.
after	13. FATHER'S NAM			14 MOTHER'S MAIDEN N	AME	
Hours of		ACOB MC LEAN EDEVER IN U. S. ARMED FORCES? 16.	FOCIAL FECURITY NO. 117	MARY	KELLEY	
0 2	IYes, no, or unknown)	[If yes, give war or dates of service]	SOCIAL SECORITY NO. 17. 1			IAL & WARWICK AVES
Hin 72	18. CAUSE C	OF DEATH [Enter only one cause per li	ne for (o), (b), and (c).]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		INTERVAL BETWEEN ONSET, AND DEATH
E 2	PART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CE	erebral Embolus	3		4 days
event	4.55	DUE TO		A		
לעם נ	gove rise	to immediate Due To	rombus from le	eft auricle		4 days
Du Du	lying cause	roring the <u>Under-</u>	ricular fibril	lation		?
<u> </u>	No Part I	II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
E92	J Ure		rocardial fibro	Sis	and Los Port II of them 19 )	YES NO D
70	200. ACCIDE OR CONTRIB	NT WAS UNDERLYING 1 206. DES UTING 1 CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	CRIDE 13011 11430K1 OCCORRE	b. (time native of injury in a	on for for it of item 10.,	
שמנוסה. שמנוסה	Hour .	a. m. While	NJURY OCCURRED 20e. PL Not while for	ACE OF INJURY (Home, form ctory, street, office bldg., atc	20f. (City or town)	(County) (Stote)
			ed from June 12	, 1956 to A	ugust 7. 19 56	5, that I last saw the deceased
buria	alive on_			occurred at_6:05	PM, from the causes of	and on the date stated above.
5	ACTUAL /				ADDRESS (Street, city or town,	
7	SIGNATURE	Muly fire		м.в. <u>50 Pershi</u>	ng Street	8-10-56
200	PHYSICIÁN'S NAME (Type)	SAMUEL M. JACOE	BSON M. D.	1772270 102		
n e e e e e e e e e e e e e e e e e e e	220 BURIAL, CREE	MATION. 22b. DATE THEREOF	HILLEREST	Burial Park	22d. LOCATION (City, town, o	or county) (State)
En 1234	23. FUNERAL DIRE	ECTOR'S SIGNATURE	ADDRESS	240 REC'I	8Y REGISTRAR 24b REGIS	STRAR'S SIGNATURE
, (r	CR1-1-7	· 18 1 , ,	e a Male a low t	restly.	11, 19 G CAL. A	meents, Vol. 0
				V	1	U

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White corporate	MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18
	DR. R. J. WMS.7898 CERTIFIC	CATE OF DEATH  Reg. Dist. No.
Poge 4	1. PLACE OF DEATH  o. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission)  o. STATE  MARYLAND  b. COUNTY  A LLEGANY
Se Fill	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)  CMMBERLAND  5 DAYS	c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) near CUMBERLAND, rural
after a	d. NAME OF HOSP.TAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  RT # 2 Bowman t s Addn . IS RESIDENCE ON A FARM?
l ond	3. NAME OF DECEASED First Middle	tost 4. DATE Month Ooy Yeor
vithin 2 rely filly Pages	(Type or print)  5 SEX  6. COLOR OR RACE  7. MARRIED NEVER	last birthdoy)   Months   Days   Hours   Min.
omple opers.	MALE WHITE WIDOWES DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	001 2 1876 79
be exection of critical critic	Retired track man. W. Md. Railro	ad. U.S. A.  14. MOTHER'S MATDEN NAME  U.S. A.
sician ve ca urs aff	MARCUS MELLON	ELLEN DATES
certifi ng phy r remo 72 hor	(Yeth no Junknown) (If yes, give war or dates of service)	ALTER RELLON, RT # 3, Cumberland, Md.
deoth ttendin pleose within	18. CAUSE OF DEATH [Enter only one couse per lipe for (o), (b), and (c):] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
that the aby the a	33/X DUE TO	a Frequent Stay
uires gned permi in on	Conditions, If any, which gove rise to immediate case (a), stating the under-	roses + Marages of ago -
sicion, seen si ransit II, and II, and		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The light has by hos by wright	E 200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Port 1 or Part II of item 18.)
tendin ificote the b	OR. ACCIDENT WAS DRIVER THIS LI	and the state of any art to real to real to.
PHYSIC all or of this cert r use as emation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Haur a. m. 19 While Not while of work of work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.)
DING hospid Affer hed fo	21. I certify that Vattended the deceased from 2/2/	th accurred at 5:46PM from the causes and an the date stated above
by the	ACTUAL RIGHT BL	th accurred at 3:40 M, fram the causes and an the date stated above.  ADERESS (Street, city or town, state)
TAL OR retoined AL DIRE hould be troc prior	PHYSICIAN'S R. J. WILLIAMS, M. D.	M.D. State of the
HOSPII oy be r FUNER oge 3 s	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	(5,500)
TO HO moy TO FUP poge the re	Burial Aug. 5.1956 Mt. Zion Cer 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	Mineral County, W. Va.
VS A15 (4) 15M 9/55	Charles L. George, Cumberland, Md.	6kg. 4, 1956 W.K. Frank, M. D

BOTTION K E

12 V 125 . 46

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 corporate limita CERTIFICATE OF DEATH 7809 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY b. COUNTY MARYLAND Allegany Marvland Allegany b. CITY OR TOWN ( f outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) m 1 Cumberland Hrs. Cumberl and d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Sacred Heart Hospital 716 Shawnee Aver. NAME OF 4. DATE Middle Manth DECEASED (Type or print) DEATH Charles William August Messman 6. COLOR OR RACE 7 MARRIED W NEVER MARRIED 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BRTH Months DIVORCED [" WIDOWED [" White yrs. Male 100 USUAL OCCUPATION (Give kind of work doge 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Glass Co Cumba Glass worker Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isabell White John Messman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 211.-35*-*7041 Patient's Chart 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Enchyenudia Canditions, if any, which gave rise to immediate DUE TO casse (a), stating the underlying cause last. 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

PART \$1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO

20c, TIME OF INJURY Month, Day, Year

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY IHome, farm, 20f. (City or town) foctory, street, affice bldg., etc.)

(County)

(State)

ON A FARM? YES NO E

Yeor

19 56

NAME (Type)

22a. BURIAL, CREMATION.

REMOVAL (Specify)

Hour a.m. at work at work

St. Peter & Paul

21. I certify that I attended the deceased from Oscare 1-1, 1956, to (100, 20, 1957, that I last saw the deceased \_\_\_\_, and that death occurred at \_\_\_\_\_M, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state)

SIGNATURE PHYSICIAN'S

Cumberland 22c. NAME OF CEMETERY OR CREMATORY

DATELO, 15

22d. LOCATION (City, town, or county) Cumber and

(State) w.U.

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 

R.W. Trevaskis.

Сеш 240, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

1SM 9/55

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director, the third

the registrar within 72 hours after in by the funeral director, the thin

d hours Qe al

YSICIAN OR HOSPITAL: The law requires that the death certificate be executed within

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

ATTENDING YEAR OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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# CERTIFICATE OF DEATH

		No	1_
n	INC. A	B.L.	-
teg.	DIST.	PIO	6

					. /
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF	ECEASED	
COUNTY Allegany M	ARYLAND	STATE Hary1	and county	Allegany	
CITY (If outside corporate limits, write RURAL   LEN	GTH OF STAY	CITY (It outside cor	porate limits, write RURAL		)
OR end give nearest town) TOWN Cumberland.	in this place)	TOWN Cumb	orland		
HOSPITAL OR		STREET		ive location)	
INSTITUTION OR STREET ADDRESS 1004 Podfond St		ADDRESS	A Dodfond Ca	L	
3. NAME OF (first) (Middle)		(Lest)	4 Bedford St		(Year)
(Type or Print) LLOYD ROGE	D 1.0	ದಿನಿದ್ದಾರ ಆ	OF		===
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,	I 8. DATE O	EYERS	9. AGE lest birthdey	Aug. 11	19 56 TIF UNDER 24 HRS
RACE WIDOWED, DIVORCED	,			Months   Days	Hours   Min.
Male White (Specify) Marrie		13, 1892	64 ул.	1	1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUS	TRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZE	N OF WHAT
retired) Doctor   Medical	Profession		Penna	U.	S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
James P. Meyers		Amanda	Schrock		
	AL SECURITY NO.	17. INFORMANT &		Cumbor 1:	and, Md.
(Yes, no, or unk.) (If Yes, give wer or detes of service)	one	Mrs. Louis	e Meyers 190	A Radford	S+
18	. MEDICAL CER	TIFICATION	V MOJOLD AVO	INTE	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	2 1 0	10	. /	ONS	SET AND DEATH
400. / IMMEDIATE CAUSE (A)	roug	4440	OME	sous I	Xild dan
ANTECEDENT CAUSE(S) DUE TO	ha to	I'VE Mi	to all	10 - 12 .	rad.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Beyle	mayra con	LUTED /SK	C-TILE	Larry
STATING UNDERLYING CAUSE LAST. DUE TO	7100.0	1 -1 1000	11. 0.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ME MAX	and con			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION			20	AUTOPSY?
				YES	
216. ACCIDENT WAS UNDERLYING [] 216 PLACE (Home, fatm, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bl. (IF EITHER, NOTIFY MEDICAL EXAMINER)		1c. WHERE DID INJURY OCC	UR? (City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJUR) While	OCCURRED :	21f. HOW DID INJURY OCC	UR?		
M. et work	at work				
22. I hereby certify that I attended the deceased fr	rom 8-14	2, 19.55, to 8	-//- 19.5	That I last say	w the deceased
alive on 8 - 11, 19 50 , and that					
BIGNATURE ON H 4-1			ORESS (Street, city, tov		DATE BIGNED
11.X. 11-111	MD 12	So. Centre :	St. Cumbert	and Md.	
23. BURIAL, CREMATION, DATE THEREOF NAME REMOVAL (SPECIFY)	ME OF CEMETERY OR	CREMATORY	LOCATION (City, tow	en, or county)	(State)
	illerect R.	mial Parte	Cumber Lan	d. Harylar	nd
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	/	rial Park   25. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	10
11. 10-7 71.4	at MX		eorge Cumbe	rland Md	
DATELLA. 14. 1956 NEMLES K. 1131	146.11.6	1.00 110	or go owing	Trening in	

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certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

R.V UATUL

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or removal.

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· ·	STATE DEPARTME			RE, 18077	796					
7811 MEDIC	AL EXAMINER'S	CERTIFICA	TE OF DEAT	Reg. Die	it. No. +					
1. PLACE OF DEATH		li .	Where deceased lived. 1		ce befare admission)					
Allegany	IUSSUIII	o. STATE Me	i. b. c	OUNTY All	egany					
b. CITY OR TOWN  If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate limits	, write RURAL and	give nearest town)					
Cumberland	10 Yrs.		mberland							
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitat, give street address)	d. STREET ADDRESS	Goethae S	t.	e. IS RESIDENCE ON A FARM? YES NO 🖈					
3. NAME OF First	Middle	Lost	4. DATE OF	Month	Day Yeor					
(Type or print) Lionel	Jefferson M	oreland	DEATH A		18 19 56					
5. SEX 6. COLOR OR RACE 7. MARI	HED S NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In lost birthdo		YEAR IF UNDER 24 HRS.					
Male white widow		<u>pril 8-18</u>		yrs.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUST			12. CITIZ	EN OF WHAT COUNTRY?					
Retired cook		Rawlin		U.	S.A.					
Christopher C.Morel	and	14. MOTHER'S MAIDEN	Ellen Gro	66						
		IFORMANT		ddress						
(Yes, no, or unknown)   (If yes, give war or dates of service)	L28 <b>-07-0437</b> Mr				nd.Md.					
1B. CAUSE OF DEATH [Enter only one cause per lin		0,00011,1001	ior orania i o	<u> </u>	INTERVAL BETWEEN ONSET AND DEATH					
BART I BEATH MAC CAMEED BY	Congestive he	art failu	re		Sudden					
IMMEDIATE CAUSE (o)	JOINSON OF THE	aro rarra			about 5					
	Myocardial in	farction			years					
	Cardiac hyper				11					
couse lost. (c)	Arthritis				?					
PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	VINALDISEASE CONDITIC	N GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO					
PART II. OTHER SIGNIFICANT CONDITIONS OF THE PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH.	BE HOW INJURY OCCURRED. (E	nier noture of injury in Po	irt i or Part II of Item 18.)							
Hour a. m. Wh	£	CE OF INJURY (Home, far ory, street, office bldg., et	m, 20f. (City or town)	(Coun	ity) (State)					
21. I certify that I took charge of the	remains described above	ve, held an Autap	sy , Inspection	Inquiry	, and find that					
death resulted fram: Natural causes	Accident [], Suid	cide 🔲, Homicid	le 🔲, Undetermin	ned cause .						
SIGNATURE A. L. DE UPLEM	SIGNATURE / . A. E UPPLING FOR N.D. CHIEF MEDICAL EARWINER									
EXAMINER'S H.V.Deming M.	0.	DEPUTY MEDICAL	CAL EXAMINER  Aug	.18-195	6					
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c, NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City,	fown, or county)	(Stole)					
Burnial 8-21-56  23. FUNERAL DIRECTOR'S SIGNATURE	Bier Cometery	124- 25	Rawlings	Md REGISTRAR'S SIGN	MATHER					
J. J. Hafer	Cumberland, M		3-2/-56		anta ma					

BUREAU W. T.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7853 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY a. STATE **b.** COUNTY **Allegany** MARYLAND legany b. CITY OR TOWN III outside corporale limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negrest town Cumberland rural Cumberland The auto of Cumberland, Md. d STREET ADDRESS ON A FARM? 113 N.Chase St. Ğ. YES NO Day Manth Year DECEASED Patrick William Murphy 27 56 (Type or print) DEATH Aug. 19 6. COLOR OR RACE 7. MARRIED [ NEVER MARRIED ] 8. DATE OF BIRTH 5. SEX 9. AGE (In years IEUNDER TYFAR IF UNDER 24 HRS. Months white Male WIDOWED [1] DIVORCED | 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 112. CITIZEN OF WHAT COUNTRY? Franklin, Md. B&O.R.Ry. U.S.A. Ö Crane operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME moy pages Mary Catherine Murphy William P.Murphy M 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 214-05-8792(wife) Carissima S. Murphy, Cumberland, Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) sudden Asphyxia X Lanx **DUE TO** Strangulation Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying couse last. Auto accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YESDE NO 🗆 200 EXTERNAL CAUSE WAS PRIMARY TO TO TO TRIBUTING TO CAUSE OF DEATH. 20ASCENCING MILITARIO OF Philophorshoulder 18 of road, lost control swervered across road, up bank, then down steep hill. 20d. HNJURY OCCURRED White Not while at work (County) Month, Day, Year (Stote) 19 56 at work at work Bt. miles Cumberland 01 21. I certify that I tack charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry Accident | Suicide , Homicide . death resulted fram: Natural causes Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER 2266 cand SIGNATURE ASSISTANT MEDICAL EXAMINER | NAME (Type) H. V. Deming M. D. DEPUTY MEDICAL EXAMINEMEN AUG. 28-1956

22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

VS. A15ME(5) 5M 9/55

0

Charles L. George, Cumberland, Maryland.

220. BURIA., CREMATION, 1226, DATE THEREOF

Alle .

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

St. Patrick's Cemetery Cumberland, Maryland, 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

22d LOCATION (City, town, ar county)

(State)



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9951 2 5m

Within.				MAR	YLANI	STATE DEPA	ARTM	ENT OF HE	ALTH-B	ALTIM	ORE, 1	8				
Within	Y . No.	11.4	MELIL	781	4	CERT	IFICA	ATE OF D	EATH			Reg. D	ist. No.	)78	99	
director filed with			PLACE OF BEATH COUNTY Allegany			MAR	YLAND	2. USUAL RESIDE	ence (Where dec	eased live	d. If institution b. COUNTY		nce befor		on)	
ol se fi	*1)	_/		(If aulside corporate learest town)	limits, write	c. LENGTH OF STAY			OWN (If outside c	orporate 1	ımits, write Rt				)	
by the			d. NAME OF HOSPI	TAL (If not in haspite				d STREET AD		Dd.					IDENCE FARM? /	
and in			NAME OF DECEASED (Type or print)		First	Middle		Last	4. DA	TE	Mont	,	Do	у Ү	reor .	
Ily fulle Pages		-	SEX	6 COLOR OR RA		LS tells	IED 🔲	Neff 8 DATE OF BIRTH	1 06	9 AC	GE (In years st birthday)	IF UNDE	25 R 1 YEAR Days	IF UNDE	R 24 HRS Min.	
nd cample in papers. death.	1		'emale USUAL OCCUPAT during most of wor	ON (Give kind of wirking life, even if ret	ork done 101	b. KIND OF BUSINESS	- 1	12/9/88 STRY 11. BIRTHPLA	CE (Stote or forei	gn cauntry	(0 / yrs	12 C			COUNTRY	
brod P	1	13.	JOUSEKS FATHER'S NAME	eper	at	Home		Pa.	MAIDEN NAME				U.	5.A.		
paysicion emave cor hours est		15 17e		R. Zembow ER IN U. S. ARMED	FORCES? 1	6. SOCIAL SECURITY NO	D. 17. II	Elmi NFORMANT	ra Hardi	nger	Addr	ess				
ottending in please re-	)	-	No			None	)-1	Patient	's Chart	A I	1		INTE	RVAL BE	TWEEN	
the atte Then pli			PART I. DE	ATH WAS CAUSED I	BY: if (a)	Mun	i	My	100	di	tin		ONS	EL AND	DEATH	
signed by				Conditions, if a gave rise ta cosse (a), stoting lying cause last.	immediate DUE	(b) TO			V						V	
nding physicior reate has been he burial-transi or remaval, on		CERTIFICATION	GULLY 200, ACCIDENT W	HER SIGNIFICANT OF AS UNIDERLYING TO A CAUSE OF DEAL MEDICAL EXAMINI	7-16 E	SCONTREUNING TO DE	1. C	prone	i Me	Lle	rich	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED? NO 1	
ol or atte this certif r use as t emation.		MEDICAL	-	RY Month, Day,	Year 20d. Whil	INJURY OCCURRED  le Not while ork ot work	20e. PL/ foo	ACE OF INJURY (He	ome, form, 20f, bldg., etc.)	(City or to	iwn)	·	(County)		(State)	
relained by the haspite RAL DIRECT After is shauld be worked for stror prior to burial, or	3		actual SIGNATURE	hat I attended	the deced	E /	t death	accurred at M.D. GROE		Fram the	e causes a city or town,	nd an			deceased above	
may be poge 3 the regi		220	BURIAL, CREMATIC REMOVAL Specify	1 a trum	seof 36	22c. NAME OF CEA			_		(City, town, o	ir county) , d		(State	1	
VS A15 (4)		23.	H. I.ee	YS SIGNATURE ~1 °C ∪X	Ga <sub>n</sub>	ADDRESS	.1.		DIOLLO 27	GISTRAR 1950	24b REGIS	TRAR'S SI	GNATUR	15 /	7.2	

Something R. C.

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ri cor <del>ii</del> o	rete	111	nitá	MARYLAND S	TATE DEPARTME	NT OF HEALTI	H-BALTIM	ORE, 18	0.19.6	140
atian,				7815 MEDICA	L EXAMINER'S	CERTIFICAT	TE OF DEA	NTH Reg	078	
		1.	PLACE OF DEATH			2. USUAL RESIDENCE (V			esidence be	fore admission)
7	)		3. COURT	Allegany	MARYLAND	o. STATE Md	•	. COUNTY	Alleg	gany
-			and give regrest lower		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			and give n	earest town)
			Cumber		25 Min.		gansvill	е		,
		'		TAL OR INSTITUTION (If not in hos		d. STREET ADDRESS				e. IS RESIDENC
		-	Dacred Name of	Heart Hospita			I. manu			YES NO
			DECEASED (Type or print)	Warren H.		Lon	4. DATE OF DEATH	Aug.	3	19 50
		5. 5	EX	6. COLOR OR RACE 7. MARRIE			9. AGE lost but	(In years IFUN Mont	hs Days	Hours Min.
			nale	white WIDOWEL		ept 20-188		69714		
	. /	100	. USUAL OCCUPATION luring most of working	ON (Give kind of work done 10b. King life, even if relired)	AND OF BUSINESS OR INDUSTR	Y 11. SIRTHPLACE (Stote	or foreign country)			F WHAT COUNTS
Re	ti		Janito	r -Allegany H	igh School	Corrigan  14. MOTHER'S MAIDEN N	sville, M	a.	U.S.A	1.
<b>1</b>		13.		Abraham Prin			lliamson			
<b>A</b>	/	15.	WAS DECEASED BY		SOCIAL SECURITY NO. 17. IN	SORMANY Droth	er-in-la	Waddrass		
	,		, no, or unknown)	(If yes, give wor or dates of service)	05-05-8788(J				MA	
		F	IR. CAUSE OF DEA	ATH Enter only one couse per line		Oldi 1.0010	116 9 1100 00	I II DOI U		RYAL BETWEEN ET AND DEATH
				TH WAS CAUSED BY:	ock, Intracra	nial hemor	rhage	a	bout	1 hr.
				DUE TO					504.0	
	4		Conditions, if a	5 f	ractured sku	ll (left)				
			gove rise to immed (o), stating the	diate couse						
			couse last.	(c)						
	3	CATION	PART II, OTH	HER SIGNIFICANT CONDITIONS CO	INTE BUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	INAL DISEASE CONDI	TION GIVEN IN	***	9 WAS AUTOPSY PERFORMED? YES NO
		CERTIFIE	20g. EXTERNAL CAI PRIMARY 10 or COI CAUSE OF DEATH.	USE WAS 20b. DESCR BE	HOW IN IN 18 COCHERED. (En	iter noture of Injury in Por	t I or Port II of item 1	8.) go	ing s	south.
		1 .	CAUSE OF DEATH.	00 CALLES		at Corrig			t by	auto
	7	N S	20c. TIME OF INJUI	RY Month, Day, Yeor 20d, I	NJURY OCCURRED 200. PLAC	E OF INJURY (Home, form ry, street, office bldg.,.etc.	.) :		(County)	(Stote)
	- 1	MED	10.40 m.		Not while High					Llegany
			_	hat I taak charge of the r		· ·				, and find th
			death resulted	fram: Natural causes [	, Accident 📆, Suic	ide 🔲, Hamicide	: 🔲, Undeterr	nined cause		
	А		ACTUAL SIGNATURE	4-V/ zmin	y 842.	M.D. CHIEF MEDICAL EX	CAMINER [			DATE SIGNED
Ž.			EXAMINER'S		Z	ASSISTANT MEDIC		) -		
5			NAME (Type)	H.V.Deming M.			EXAMINER E AU			
i d		220	BURIAL, CREMATIC REMOVAL (Specify)	1	22c. NAME OF CEMETERY OR		22d. LOCATION (CI			(State)
		-	Burial	Aug. 6, 1996	Hillcrest Bur		Cumberlar			of
2)		23.	FUNERAL DIRECTOR			1 12	D BY REGISTRAR	TILD I	SIGNATU	ml
		-	n. harkey	Zeigler, Hymdma	i, remisyrvalit	a. GARA	. 4,1936	W.K.Th	ann	101.00
	*			J. t.		/	,		U	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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JAN MA

24a, REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

poge 0 VS A15 (4) 15M 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

Eichhorn, Lonaconing, MD.

BUREAU V. S.

DECENARY

1			MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18	07805_
9			7842 CERTIFIC	ATE OF DEATH Reg	J. Dist. No.
led will		1. (	PLACE OF DEATH  . COUNTY  Allegany  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Resonant becounty	Allegany
deoth.	M.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
rs after a by the f		-	Tros thing  d. NAME OF HOSPITAL (If hat in haspital, give street address)  OR INSTITUTION  Hospital	Longconing d. Street Address	e ts residence ON A FARM? YES NO
hour and		3.	NAME OF First Middle	lost 4. DATE Month	Day Year
filled filled			Type or print) JOHN C.	RETBER DEATH AUgust	6th, 19 56
with:		5. 1	Manufact II reserved IV	lost birthday) Mon	oths Days Hours Min.
mple bers.		10a	USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OF IND	Sept. 9th T873 82 yrs.	CITIZEN OF WHAT COUNTRY
and car bon pager death		$\mathbb{R}^{\epsilon}$	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  otired liner  FATHER'S NAME	Wellersburg, Pa	U.S.A.
cion s off			William Reiber	Matilda Long	
certifice ng physi e remave			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Prenk Githens Longoning.	l'd.
he death ce attending en please re			1B. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	· acute rephritis	INTERVAL BETWEEN ONSET AND DEATH
d by the mit. The			Conditions, if any, which gove rise to immediate (b) Denicy Pro	static ofysertrophy	Several
an. signe iit peri			codse (a), stating the under-	2515	10 years
bhysicic s been of-tron		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: The ending pricate he ficate he the buri		CERTIFI	20g ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)	
PHYSIC all or off this certiin use as remation		MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. 6 Hour o. m. 19 While Not while of work of work	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	(County) (State)
ther far of for all, or all,			21. I certify that I attended the deceased fram.	, 19, ta, 19,tha	at Llast saw the deceased
Phe h			alive an, 12, and that dear	th occurred atM, from the causes and a	
OR ATT	1		ACTUAL SIGNATURE LESLIE R. Miles J.	M.D. ADDRESS (Street, city or lown, stole)	8.7.56
retair RAL D shaulo strar p			PHYSICIAN'S Leslie R. Miles, Jr., M.d.	Lonaconing, Md.	
HOSPI dy be i FUNER age 3 s		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)		nty) (Stote)
5 5 8 4		23.	ENDEDAT DIRECTOR'S SIGNATURE	[amorial Park Frosthurg	'S SIGNATURE
VS A1S (4) 15M 9/5S		16	will H. Klonkery 3 F. MAIN, PROSTRU		Varcey H. De

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DIAMED AND

With a componen	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	CERTIFICATE OF DEATH  Reg. Dist. No.
Page 4 director.	PLACE OF DEATH O. COUNTY ALLEGANY  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) b. COUNTY ALLEGANY  MARYLAND
ol ol	b CITY OR TOWN (if outside corporate limits, write   c. LENGTH OF STAY IN 1b   c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  CUMBERLAND   DAY   CUMBERLAND
in by the	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  MEMORIAL HOSPITAL, MEMORIAL AVE.  d. STREET ADDRESS 407 PRINCE GEORGE STREET  e. IS RESIDENCE ON A FARM? YES \( \sigma \) NO \( \sigma \)
24 led	3. NAME OF DECEASED (Type or print) MR. WALTER R. SANNER DEATH AUGUST 24 1956
ed within ippletely fil	5. SEX MALE    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH   9. AGE (In years lost thiday)   Months   Doys   Hours   Min.
and carr bon pap	100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Unging nost of working life, even if retired)  Unginical Particles NAME  14. MOTHER'S MAIDEN NAME
certificate b g physician remave carl 2 hours afte	MR. ROSS R. SANNER ALICE FULLER
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  TO THE PROPERTY OF
a attendin	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PRIVATE INTERVAL BETWEEN ONSET, AND DEATH ONSET, AND DEATH
by the lift. The ny even	Conditions, if ony, which) (b) Hypertensive Circles January Disassi
requires an. signed sit perm nd in a	gove rise to immediate code (a), stating the under- lying couse last.
physicic nas been ial-trans naval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO. 07
the bur rending frost he bur ren	20s. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
PHYSIC al ar ath this cert, use as emation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work of work
frending fre haspin After I	21. I certify that I attended the deceased from MUNCY, 1956, to CLIGUST, 1956, that I last saw the deceased alive on CLIGUST, 1956, and that death occurred at 12 June, from the causes and on the date stated above.  ADDRESS (Street, city or town, stote), DATE SIGNED
TAL OR A AL DIRECT hould be tran prior f	SIGNATURE STEED LE LEG LA M.D. 133 L'INGENER CENTRALEMENT DR. G. O. HIMMELWRIGHT  PHYSICIAN'S DR. G. O. HIMMELWRIGHT
Moy be may be poge 3 sthe regist	220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 5-27-23 Hillerest Purial Park (Umberlang,
VS A15 (4) 15M 9/55	James H. Scar, alli Cumbarland, 184.

9561 62 9NV

Within corpo 28191 **CERTIFICATE OF DEATH** Reg. Dist. No. illed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY b. COUNTY MARYLAND GUMEGANY MARYLAND LLEGANY b. CITY OR TOWN (If outs de corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) HOURS CUMBERLAND CUMBERLAND ofter d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUT ON ON A FARM? MEMORIAL HOSPITAL MEMORIAL AVE. YES NO T First Middle 4. DATE Month Day Year DECEASED (Type or print) GIRL DEATH AUG.21 19 56 SISLER BARY 1956 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Hours WIDOWED | DIVORCED [ AUG.2 FEMALE yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Cumberland. "aryland -nfant USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY R.COCHRAN F.SISLER DARIOUS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Gone NO CUMBERLAND, MD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (chil INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** 1401+1 Conditions, if any, which gave rise to immediate **DUE TO** catse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119, WAS AUTOPS) PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Nat while at work at wark p. m 19 5 Finat I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 11:30AV from the causes and on the date stated above. ADDRESS (Street, city of fawn, state ACTUAL should PHYSICIAN'S NAME (Type FUNER 220 BURIAL, CREMATION, 225. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) pode REMOVAL (Specify) Davis memorial Cem. Cumberland 31723 To mer ond 0 23. FUNERÁT DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR John J. Hafer, Cumberland, Maryland VS A15 [4] 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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n compon	te limite MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	7811
	7820 CERTIFICATE OF DEATH Reg. Dist. No.	
A = \	1 PLACE OF DEATH a COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased used If institution Residence before a STATE of the County by Co	F. Allegar
話)	b. CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outs de carporate limits, write RURAL and give neorest town)  CIR (RERT, AND)  1 hr. 15 min	arest town]
62	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SACRED HEART HOSPITAL,  Princes	e. IS RESIDENCE ON A FARM? / YES NO D
	3 NAME OF First Middle Lost 4. DATE OF OF OF OF DEATH 8-10-56	Year 19
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR lost birthdoy) Months Days	Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12 CITIZEN (	OF WHAT COUNTRY?
	I lousewife	.S.
	John Barton  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address	
1)	No (If yes, give wer or dates of service) None Grant Samuel Skelley RT. #3	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Collins C	ERVAL BETWEEN SET AND DEATH ZIALZ
	Find U. C. P. DUE TO	Stran
	gave rise to immediate course (a), stating the under DUE TO	7 223
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  200 ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)  CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE)	YES NO
		(State)
	20c. TIME OF INJURY Month, Day, Year Not white at wark of work 19 at wark 19	(Stole)
	21. I certify that I attended the deceased fram 8 - 4, 1954, ta 8 10 - , 1950, that I last so alive an 8 - 10 , 19 54, and that death occurred at 9 M, fram the causes and an the da	
	ADDRESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE IN 14/11/22 M.D. STEELESSELLES &	1011 671-12
	NAME (Type)  I. Brings, M.D.  57 Green St., Cumberland, Me 220. Burial, CREMATION, 126. DATE THEREOF  22. NAME OF CEMETERY OR CREMATORY  122d LOCATION (City, Jown, or county)	
	Burial 8-13-1956 St. Ambrose Cem. Cresaptown. Md.	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  249 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE  Charles L. George Cumberland. Md.  (DEL. 13 19 16 10 F. Tanah)	ME M
1 3	Man 19 6 10. 11. Yallo	(141/0)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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e. IS RESIDENCE

ON A FARM?

YES NO P

19

ATTICALLY

Day

IF UNDER I YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

ortreal

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES TO NO TO

> > (State)

(State)

Dovs

(County)

Months

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Req. Dist. No.

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Within corporate	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07814
7 35	DR. REITER 17899 CERTIFICATE OF DEATH  Reg. Dist. No. 4
Poge director	1. PLACE OF DEATH O. COUNTY ALLEGANY  ALLEGANY  ALLEGANY  2 USUAL RESIDENCE (Where deceased lived. If institution- Res dence before admission) O. STATE MARYLAND  B COUNTY ALLEGANY
the shows be fi	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  FROST BURG
by the	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSHMORM AL HOSPITAL  ON A FARM?  YES   NO
illed in	3. NAME OF DECEASED (Type or print) DELORES A. SMITH Lost 4. DATE Month Day Year DEATH AUGUST 21 19 56
d within pletely f	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER M
execute nd comp n paper death.	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPIACE (Stote or foreign country)  White the stote of foreign country is a stote of foreign country in the stote of foreign country in th
physicion an move corbor hour ofter	13. FATHER'S NAME JOSEPH B. SMITH  14. MOTHER'S MAIDEN NAME MILDRED IZAT
certifical ng physic remove 72 hour	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  (If yes, give wor or dates of service)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deamay be retained by the haspital or attending physician.  TO FUNERAL DIRE! After this certificate has been signed by the otten page 3 should be the contract of the buriot-transit permit. Then pless the registrar prior to burial, crematian, or removal, and in any event with	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate costs (o), stoling the under lying couse last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS ALTOPSY PERFORMED? YES NO  NOSET AND DEATH  1/2 Rule
VS A15 (4) 15M 9/SS	J.R. Durst Frostburg, Md. Soug 23, 1936 Winter K. tranty M.

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Marine

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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L		7000			CERTIF	ICA	TE OF D	EATH			Reg. Di	st. No.		4
	PLACE OF DEATH O. COUNTY ALLEGANY				MARYL	AND	2. USUAL RESID	ENCE (WH	ere decease	d lived If inst b. COU	NTY	LEGA		iian)
	b. CITY OR TOWN (IF RURAL and give new CUMBERLA)		its, write	e. LEN	GTH OF STAY IN	ч 16		JMBER		orate limits, wri	te RURAL and	give near	est lawr	n)
	OR INSTITUTION  MEMORIAL HO	, , ,					441 W		Y TER	RACE			ON A	IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	FR. FR.	ni EDERI	CK	Middle HE VIXY	3 1	Lost	1	4. DATE OF DEATH	AUG.	Month	24 24		Yeor 19 56
5.	MALE	6. COLOR OR RACE WHITE	7. MARR		NEVER MARRIED DIVORCED		JULY 1	3, 18		9 AGE [In ye	ors IF UNDER Manths yes.	Doys	Hours	ER 24 HRS Min.
١.		N (Give kind of working life, even if retired) ** repairma:	9   _		_	INDUS		_		ountry) ryland		IZEN OF	WHAT	COUNTRY?
13.	FATHER'S NAME				<u> </u>		14. MOTHER'S			.,,			1	
	WOLFGANG	SMITH					Hagde	ina l	Weise	miller	D			
15 (Ye	WAS DECEASED EVER	IN U. S. ARMED FOI		SOCIAL	SECURITY NO.		FORMANT		,		Address			
	No,		70	05-0	9-9699	ME	MORIAL	HOSP1	TAL,	CUMBERL	AND, ME	).		
l		IM [Enter only one come of the	1	o for (a	), (b), ond (c).]							ONSE	RVAL BE	TWEEN
	450.C	DUE TO										1	JC K	,
	Canditions, if on		, 0	12	mer-a	Ly	ed o	rle	~~~Z	eline	24			
	gove rise to in cosse (a), stating the lying cause last.					7								
CERTIFICATION		ER SIGNIFICANT COM	iditious <u>c</u>	ONTRIB	UTING TO DEAT	1 TUS <u>H</u> 1	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN PAR	T 1(o) 19	PERFO	AUTOPSY PRMED?
	20g ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY /	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HO	OW INJURY OC	CURRED	. (Enter noture of	injury in P	ort I or Por	t II of item 18.	)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	ar 20d. IN While of work	No	OCCURRED 2 of while wark	Oe. PLA Foct	CE OF INJURY (H ory, street, office	ome, form, bldg., etc.	20f. (Cit)	y or town)	(1	County)		(Stote)
	21. I certify the	at 1 attended the	decease	ed fro	m VLt	ν,	, 19.5-3	10 C	4 2	.4 19.	1.7. that I	last sa	w the	deceased
	alive on De	724	, 12	7	, and that c	death	occurred at_	10:45	AM, from	m the cause	s and on t	he dat	e state	ed above.
		,	A	*					ADDRESS (S	treet, city or to				ATE SIGNED
	ACTUAL	-Ny M	115	1	eye	N	1.D. 128	yr	~~1	Ics	my from	Lary	1	1
	PHYSICIAN'S NAME (Type) G	EORGE M. S	IMONS	5. M	.D.					/			181	2418
220	BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREC	)F	22c N	IAME OF CEMET	ERY OR	CREMATORY			TION (City, to			(Stol	e)
	Burial	Aug. 26	, 195			unt	Cemeter				Mary.			
23	H. Wayne		1		DORESS	1 4		//	BY REGIS	15 (	EGISTRAR'S SI	MATURI		mi
	He Hayne	acorke ,	'under	TSIL	d. Mary	rand		DATELLE	261	1956 7	V. K.	2//11	11.	181.N

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INSTRUCTIONS

## CERTIFICATE OF DEATH

death.	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07816
d copy	CERTIFICATE OF DEATH 7824 Reg. Dist. No
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. PLACE OF DEATH 2. UBUAL RESIDENCE (HOME) OF DECEASED
the state of	COUNTY Allogany MARYLAND STATE Maryland COUNTY Allogany
hours ctor, t	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town)  OR and give nearest town)  OR  OR
72 hours	TOWN Cumberland 9/20/55 TOWN Cumberland
within 72 funeral di	HOSPITAL OR STREET (If rural give location) INSTITUTION ORAllogany County Infirmary STREET ADDRESS 429 Boall Street
fund file	3. NAME OF (First) (Middle) (Lest) 4. DATE (Month) (Dey) (Year) OF
trar fie	(Type or Print) Emma E. Tasker PEATHAugust 30, 1956
ficate regist by th	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months   Days   Hours   Min.
certifical the regi in by	Female White Specify Idow 9/4/1880 75 yr.
570	t0e. USUAL OCCUPATION (G ve kind of work done during most of working life, even if OR INDUSTRY  10. USUAL OCCUPATION (G ve kind of work done during most of working life, even if OR INDUSTRY)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
death Filled Filled	Martinsburg, W. Va. U. S. A.
<b>e</b>	13. FATHER'S NAME
n. n. De f olek nsit	Samuel P. Bomberger Mary Elizabeth Russler  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT & ADDRESS
quires that the death physician. rificate be filed with and completely filled burial transit permit.	Was an assumed 1 (96 Vas abus super or datas of samura)
	No. Allegany County Infirmary Record
# On 9 " _	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  ONSET AND DEATH  ONSET AND DEATH
endir endir sath crien as a	IMMEDIATE CAUSE (A) Melicianary 124 (4) 12/2000 3622-
The land or attended on the dead ophysici	ANTECEDENT CAUSE(S) DUE TO
<b>3</b>	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OF THE ABOVE CAUSE LAST.
Zig die B	STATING UNDERLYING CAUSE LAST. (C) GREECAL GREECOSCE
HOSPIT the host requires the atten detache	TO THE DEATH BUT NOT RELATED TO THE
5 to 2 to	DISEASE OR CONDITION CAUSING DEATH.
مُ ﴿ مُع	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?, YES NO []
The The Shoul	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
MAY be re RECTOR: een execu	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  While Not while at work twork twork to the work to the state of the work to the work
ATTENDING TAY SICI The bottom copy thay be re FUNERAL DIRECTOR: erificate has been exect death certificate assembly 15C 1-55 10M	22. I hereby certify that I attended the deceased from 9/20/55, 19, to 8/30/, 19.56, that I last saw the deceased alive on 8/30/56, 19, and that death occurred at 3:40AM, from the causes and on the date stated above.
FNDING from copy FRAL DIR ate has by certificate	SIGNATURE (Sireet, city, town, stele) DATE SIGNED
bottom NERA ficate f h certif t-55 toh	Dr. J. E. McLean M.D.49 Greene St. Cumberland Md. 8/30/56
ATTENDI The bottom FUNERAL certificate h death certifi	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (CITY) (Stote)
The The Certific death	Burial 9-1-56   Hillcrest Cemetery   Cumberland, Md.
5 5 %	24. REC'D BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE Mug. 31,1956 W. K. Mans, M. J. James F. Scarpelli, Cumberland, Md.
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\$ B	lotion,				7825	WED	DICA	L EXA	MINER'	CERT	IFICA	TE OF	DEA.	TH	Reg. Dis	6 O.	11	4
hould hould	io Ele	*.	1.	PLACE OF DEATH	_					2. USUAL I	RESIDENCE (V	Where deced		If institut		ce befo	re admis	ision)
C	5 / K	3 )		CITY OF TOWN	Alleg	any		I spreading	MARYLAND		Mo	3			Alle	gan	y	
Sory Sign	E 1	61	1 °	. CITY OR TOWN (	n]		URAL		OF STAY IN 16	e. City	OR TOWN (H	_		h, write i	RAL and	give nec	grest fow	in)
	8		<u>~</u>	L NAME OF HOSPI	erland		not in hose	10 yı		- STREE	T ADDRESS	perla	na				_ IS DE	SIDENCE
y is o	p D	0.		at the							H1]]	St.					ON	A FARM?
deta rold ur fil	ra		3. 1	NAME OF DECEASED		First			iddle		Losi	4. DATE		Month		Day	Ye	par
une rya	6 D2 20 20			Type or print)	Regi					aylor		DEATH		Aug		7		56
the l	e E		5. \$		-				MARRIED E	-	, "		9. AGE (in tout birthd		Months D		Hours	R 24 HRS. Min.
or to	5			male	colo		VIDOWED			eb.25			1 34	yrs.				
nd 3	N .	1	d	USUAL OCCUPATI	ng life, even i	f retired)	1									_		COUNTRY?
2, o	Š,~_		_	anitor -	- Cumb	erlar	nd M	acaror	ni Mfg.		ROMY	ley, W	·Va.		U	<u>.S.</u>	A.	
E - E/	S T		10.		7.a m-													
Page:	g A	/	15.	Regino	ER IN U S. A	Vlor	ES7 16. S	OCIAL SECUR	ITY NO. 17. H	NFORMANT	ry El	18 1	aylor	Address				
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MAG.	Ė			18. CAUSE OF DEA	TH Enter on	ly one couse	per line f			<u> </u>	LIGHTON	IDUIL	ОЦШОС		TICE STORY		AL BETWEE	EN
18. 18.	Lied.			PART I. DEA	TH WAS CAUS			Coror	nary o	cclusi	on						dde	
xecu Item					THE PERSON OF TH	DUE TO										500		
e = ±±×	D F			Conditions, if o		(b)		Coror	nary so	cleros	Sis						?	
enci				gove rise to imme (o), stating the		DUE TO	o I co	had	obesit	37								
in p	0			couse last.		(c)										1		
	5 D	0	CATION	PART II, OT	HER SIGNIFIC	ANT CONDIT	HONS COL	NIR'BUIING I	O DEATH BUT A	IOT RELATED 1	TO THE TERM	INAL DISEA	SE CONDITIO	on give	N IN PART		PERFOR	RMED?
endii	Š		FIC	20g. EXTERNAL CA	USE WAS	20b.	DESCRIBE	HOW INTERY	OCCURRED. (E	nter nature of	Inform in One	A Lor Post I	of item 10	1		YE	S 🔲	NO 💽
	2		CERTIFI	20g. EXTERNAL CA PRIMARY [] or CO CAUSE OF DEATH.	NTRIBUTING [	3		11011 110011	occonner. (s		injust in rui	110170111	t of fleet 15.	• }				
War Exc	2		Š	20c. TIME OF INJU	RY Month,	Day, Year		NJURY OCCUR		CE OF INJURY	(Home, form	n, 20f. (Cit	y or town)		(Coun	ty)		(State)
the dico	7 b		MEDICA	Hour a.m.		19	While of wor	k ot work	14	ury, street, ort.	ice biog., etc.	"						
Me	0			21, I certify t	hat I taok	charge o	of the re	emains des	cribed aba	ve, held a	n Autops	у 🔲 , Т	nspectio	n * 37,	Inquiry	*	and f	ind that
0	Š			death resulted	fram: N	atural ca	ivses 🕏	], Accide	nt 🔲, Svi	cide 🔲,	Homicide	e 🔲, U	Indetermi	ined co	ıvse 🔲.			
8	2	_		ACTUAL /	1111	· ]	٧	- 711	2	di terre			,				DATE SI	GNED
	5			SIGNATURE /	1 - pc /1	2-1-1-1	Lung	7 187-	KS 1	_MLD.	TANT MEDIC	-	4					
rded c	000			EXAMINER'S H	V. Dem	ing N	M.D.				TY MEDICAL				105	6		
cute the forwards	2 5		220.	BURIAL, CREMATIC	N. 226. DAT			22c. NAME OF	CEMETERY OR				ATION (City,	* Almadorena de Sa	county)	0	{State	)
2 5 6	Ö			REMOVAL (Specify Burial	Aug.	10,	1956	Woodl	awn Cem	eterv			erlan			nd		,
/S. A15Mi	E/K)	1	23.	FUNERAL DIRECTOR				ADDRESS			240 REC	D BY REGIS			RAR'S SIGN		1 4	. 7
5M 9/5	- D	34	I	Louis Stei	n, Inc	., Cur	nberl	and, M	arylan d	•	Colleg	1.8.19	956 0	Vik	Ta	uh	. >	1/1/
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13 A DESCRIPTION OF THE PROPERTY OF

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SECETARI

Frostburg

24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

HOSPITAL

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VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

BUREAU V. S.

. 1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07820
11	de o	1	7857 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
P,	inalia	3 1.	PLACE OF DEATH a. COUNTY Allegany  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ALLEGATY b. COUNTY
2 a / 9	<b>&gt;</b> v	,  -	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
	Rura.	ì	Cresap Park 29 years (rural) Cresap Park
o o	UL UL		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM
y is			R.F.D.#5 Cumberland, Md. R.F.D.#5 Cumberland, Md. YES NOT
ny dela neral c yaur fi gistrar	( M	3.	NAME OF DECEASED (Type or print) William Henry Walbert Death Aug. 1 19 56
e for a		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN yours IF UNDER 1YEAR IF UNDER 24 HR
± 0 ± ±			male white widowed Divorced Nov. 25-1901   100 Months Doys Hours Min.
deal 13 t		10	d. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)
be r		Ĺ	Policeman Celanese Corp. Frostburg, Md. U.S.A.
1, 2, mag 7, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		1;	FATHER'S NAME
5 5 5 5 B	4		William H. Walbert Ella Snyder
24 Poge Poge	V.		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  [If yes, give war or dotes of service)  Address
S Sylve		-	no 217-10-7288 (wife) Pearl Walbert, R.F.D. #5 City.
P. P. W			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: MAYOLATE CAUSE (a)  Myocardial failure  Sudden
For I			miniconst coust (a)
in the			Conditions, if any, which) (b) Chronic myocarditis
d be icili			gave rise to immediate cause COTONATY OCCLUSION (FIGHT) MARKED
o de la companya de l			(c), stoting the underlying couse lost. Coronary sclerosis, left.
icale si ing" in Office ed as a	•	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES
er's			20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter pature of injury in Port I or Port I or 18.)
o sid di min		CERTIF	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
the worlder 3 shou		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m.  p. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Foctory, street, office bidg., etc.) foctory, street, office bidg., etc.)
AR ing Med			21. I certify that I took charge of the remains described above, held an Autopsy & Inspection k, Inquiry s and find the
writ wie N			death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
S 44 1			
iffice of the control			SIGNATURE A COMPANY WIT. N. M.D. CHIEF MEDICAL EXAMINER []
A de ce	val.		ASSISTANT MEDICAL EXAMINER TO DEPUTY MEDICAL EXAMINER TO 1 7056
vard NER	<b>9</b>		name (type) Rug • I = 1770
	ō	22	a. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
2		22	Burial 8-3-1956 Frostburg Memorial Park Frostburg, Md. FUNERAL DIRECTOR'S SIGNATURE ADDRESS   240. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME(5	<b>i</b> )	1.3	Charles I Goorge Cumberland Md.
5M 9/55	- Part		Charles bedeen ge, oumber land, man, man, man, miles.

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OR NETUTION  OF RESTORATION  O	1				MARYL	AND STA	TE DEPARTM	ENT OF HEALT	H-BALTI	MORE, 1	8 07	821	
Allerany  B. CITY OF TOWN If consider corporate limits, write and construction of STATE IN TOWN If consider corporate limits, write BURAL and give nearest lown)  B. CITY OF TOWN If consider construction of STATE IN TOWN If consider corporate limits, write BURAL and give nearest lown)  B. CITY OF TOWN If consider corporate limits, write BURAL and give nearest lown)  Frost burg  d. STREET ADDRESS  A. COLOR OR MACE I. AMERICAN IN MARKED IN NEVER MARRIED  B. CAT B. B. B. I.			L		7846		CERTIFICA	ATE OF DEAT	Ή		Reg. Dist. No	5. 5	)
B. CITY OR FOWN If leviside corporate limits, write PURAL and give memeral lowe)	Fage director	53	3. [		nv	1110	MARYLAND	o. STATE	-				ion)
OR MAN CHARACTER OF THE CONTRIBUTION GOVERNMENT OF THE CONTRIBUTION OF A FARMY SET OF THE CONTRIBUTION OF	# 5 g			. CITY OR TOWN	(If outside corporate limit	s, write c. LEN	GTH OF STAY IN 16	the second		limits, write RU			1)
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262 F. LATH  262 F. LATH  263 F. LATH  264 F. LATH  265 F	1 4 4 5 E	Are		NAME OF HOSPI	TAL (If not in hospital, a			d STREET ADDRESS				e. IS RES	IDENCE FARM?
DECEASED POINT   SARAH   JANE   JANE	d 6 4 2		L					262 E. I	ain				
Type or print) SARAH  JANE MATERIES    S. COLOR OR RACE   7. MARRIED   10. DATE OF BIRTH   9. AGE (in year)   10 USDAY (10 USD	Pari Pari		3.	NAME OF	Fire	st	Middle	Lost		Mont	h D	lay	Yeor
WINDOWED   DIVORCED   2-22-1870   86 m   100	illection 24			Type or print)	SARAH		JANE_	WALTERS	DEATH	8		other sales	
W   WOOKED   DNOKED	Pag P		5. 5		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. /	AGE (In years ast birthday)		-	1
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18 CAUSE OF DEATH [Enter only one cause per line fen, (e), (b), and (c). The per line fen, (e), (c), (c), and (c). The per line fen, (e), (c), (c), and (c). The per line fen, (e), (c), (c), and (c). The per line fen, (e), (c), and (					(If yes, give war or dates of si	ervice)		- 3	-			777	
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IMMEDIATE CAUSE (o)   DUE TO						use per line let (	5), (b), and (c).	0 HI	. 6	- 1			
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Hour o, m.  19   While of work   19   10   10   10   10   10   10   10	AN endi icot icot ibe		CER	(IF EITHER, NOTIF	G LI CAUSE OF DEATH! Y MEDICAL EXAMINER)								
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alive an Actual signature  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  20. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)	Spite for I			21. I certify t	hat Lattended the	deceased fro	m Duly	16 . 19.5 6.10	(ma 1)	1 156	.that I last :	ow the	deceased
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REMOVAL (Specify)	耳ってき			NAME (Type)	W.A.	41 4	- have			11/11	<u>/</u> (_	<u> </u>	1170
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ve als (a) I later Funeral Rome	E E		23.	FUNERAL DIRECTO	R'S SIGNATURE	Lafer .		lome	C'D BY REGISTRAR	24b. REGIS	TRAR'S SIGNATI	JRE	1 D.
ism byss Date 8-13-Shill March 18 E. Main, Frostburg Date 8-13-Shill March 18 18	15M 9/55		2	ull 17.10	russem	Zo E.L.	ain, Prost	burg DATE	8-15-51	0/11	Maule	<u> </u>	NOZ

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FINAL DEN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

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director		1		LLEGANY		MARYLANG	o. STATE	MARYLA	ND	ived. If institution b. COUNTY	ALLEGA	NY	
er degin	R	1	RURAL and give in CUMBERL		31	NGTH OF STAY IN 11		CUMBERL		te limits, write RI	JRAL and give no		
by the	19	1	OR INSTITUTION MEMORIT	AL HOSPITAL	ve sireci godies	31		788 FAY	ETTE S	TREET			FARM?
n 24 ho filled in ges 1 on		3	NAME OF DECEASED (Type or print)	CHAF	RLES	Middle H •	WICKARD	ost	4. DATE OF DEATH	AUGU:	-		1956
etely Pog		5	SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED [] WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIR	340	,1866	AGE (In years lost birthday)  Q() yrs.	Months Doys	R IF UNDE	R 24 HRS Min.
e executed and campl ban papers or death.		1	during most or wor	ON (Give kind of work do king life, even if retired) ED MERCHANT		OF BUSINESS OR IN		PLACE (STOTE O		nity)	12. CITIZEN	of what	COUNTRY
ote be icion of e corbo		1	JACOB 1	WICKARD				S MAIDEN NA					
ng physi e remay 72 hour	,	1		ER IN U. S. ARMED FORC (If yes, give wor or dates of ser	rvice)	NE SECURITY NO. 17	INFORMANT MEMORIAL	HOSPI	TAL -	CUMBERL/			
attendi			18. CAUSE OF DEA	ATH [Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)]	ne per le for		reel.	Coro	uar	Porter	J SON	TERVAL BET	WEEN DEATH
s that the			Conditions, if a		Heur	eralix	,ala	te	io de	ele,	5 in		
requires the ion.  In signed by noil permit.  and incomy.	ٺ	4	gove rise to i cctse (o), stating lying couse last.	the under-									
physicions beer as beer internal	,	, ,	PART II. OTI	HER SIGNIFICANT COND	NITIONS CONTR	BUTING TO DEATH E	T. Caro	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)		AUTOPSY RMED?
ending ficate h ficate h the bur		10000	20- ACCIDENT WI	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUP	RED. (Enter sature	of injury in Po	ort I or Port	of item 18.)	8	4	,
PHYSIC al ar att this certi r use as ematian,		L Co	20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Year		Not while	PLACE OF INJURY factory, street, offi	(Home, form, ice bldg., etc.)	20f. (City o	r town)	(County	]	(Stole)
Hospith After I ched fau			21. I certify the	at I attended the	deceased fr		th accurred o	14:30 A		2 / 19 <b>5</b>			
R ATTER	1		ACTUAL SIGNATURE	7/1.8.7	Ville	ams	M.O. (			et, city or town,			TE SIGNED
retoine RAL DII should			PHYSICIAN'S NAME (Type)	DR. W.F. W	ILLIAMS								
moy be page 3 page 3 the regi		2	20 BURIAL CREMATIC REMOVAL (Specify)	U.O. 18		NAME OF CEMETERY	OR CREMATORY	_	10	berland		(Stole	
V5 A15 (4)	Č1	2	Lows of		/2	ADDRESS uberland	md.	240 REC'D	BY REGISTRA		TRAR'S SIGNATU		m. N
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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copy death.

hours after

## CERTIFICATE OF DEATH

07826

7830

Reg. Dist. No.....

Face -		
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY ALLEGANY MARYLAND	STATE MARYLAND COUNTY ALL	SANY
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nea	
OR and give nearest town) (in this place)	OR TOWN	20
CURELICIAND	CURBERLAND	016
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS	1
STREET ADDRESS 214 AVIRETT AVE.	214 AVIRETT AVE.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Yeer)
(Type or Print) MADO A MED TO TOTAL LICENSE	OF DEATH	
MARGARET LIGURE WOOD	Aug	9 195619
RACE WIDOWED DIVORCED	E OF BIRTH 9, AGE last birthday IFUNDER	
FEMALE WHITE (Specify)WIDOWED JUN		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS		CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY		COUNTRY?
refired) HOUSEWIFE OWN HOME	LEWIS CO. W. VA.	I.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JAMES KAJEN	MADY CATTOOTHE	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yas, no, or unk.) (If Yas, give wer or detas of service)	IV. HALOKMANI & ADDRESS	
NO NONE	MISS BETTY HOOD 214 AV	RETT AVE.
18. MEDICAL C		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
15/X IMMEDIATE CAUSE (A) Carcinoma of the	stomach	8 months
ANTECEDENT CANCERS DUE TO		
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE		
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Hypertension, Co	monagur solomosis Muonandial	
	Toller A perelogras MA ocertary	2
DISEASE OR CONDITION CAUSING DEATH fibrosis. Uremia		an Autonory
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
AL ACCIDENT WAS INDEDIVING TO LOSS OF STATE OF	AL WHERE OR BURDY OCCUPY (C)	
21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (Cour	nty) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
M. at work at work		
	77 73 16 . Avenut 70 - 76	1
22. I hereby certify that I attended the deceased from Januar		
alive on July 26 19 56 and that death occurred	at 2:5.7A.M, from the causes and on the date state	d above.
SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Manufes to - M.D.	50 Pershing Street Cumber	oc 8 by best
23. BURIAL, CREMATION. DATE THEREOF I NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or county	
REMOVAL (SPECIFY)	and the state of t	5
BURIAL 22 Aug. 1956 S. S. F.	ETER & PAUL COMSTERY. CIMBERLA	
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
her as 10-1 Territor & Frant M	CHARLES L. GEORGE, CUMBERLA	ND MD.
10016/NO 8, 143 6 WMER 1 11/1/11/11.	M. Outline	and time

ofth certificate be executed with INSTRUCTION

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours certificate has been executed by the attending physician and completely filled in by the funeral director, death certificate attembly should be defliched for us as a burial transit permit. ATTENDING RYSICIAN OR HOSPITAL: The low requires that the The bottom copy may be retained by the hospital or attending physician.

CERTIFICATE OF DEATH

BUREAU V. S.

9961 F8 9NV ...

ARTE OF BUILDING

MELSOCHIC

1.	2. USUAL RESIDENCE (Where deceased lived. If Institutions Resident COUNTY A7 1 000 000 000 000 000 000 000 000 000	
-		egany
0	and give nearest town)	Bise uscient town)
	O COMPOS TOTAL	e. IS RESIDENCE ON A FARM? YES NO DE
3.	Type or print) Eliza Yost Death Aug.	Day 3 Year 56
		YEAR IF UNDER 24 HRS.
-	emale white widowed Divorced Aug. 10-1877 79 yrs.	Days Hours Min.
F	ousewife Housewife Meyersdale, Pa. U.S.	EN OF WHAT COUNTRY?
13.	THE PROPERTY OF THE PROPERTY SHATES	
15		
	no, or unknown) [ (If yes, give wor or doles of service) ]	
=		INTERVAL BETWEEN
	BADT & BRATTI MUSC PARKETS BY	Gradual
	0/2/	Several
	Conditions, if any, which) Arteriosclerosis	Years
	gove rise to immediate course	about 8
	76 2.6	years.
TION		PERFORMED?
FICA	Intertrochanteric Tracture of right lemur.	YES NO
CERT	PRIMARY of CONTRIBUTING & Walking in vard. lost her balance fell backy	vard and
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (Cour	
KEDI	How foctory, street, office bldg., etc.)  19 56 of work of work Yard at home LaVale Alle	egany Md
		and find that
	1/1/2	5 L 10 4 4 4 1 4 1
	SIGNATURE FIND SITTING M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	ASSISTANT MEDICAL EXAMINER []	56
220	NAME (1796) H. V. Deming M.D  DEPUTY MEDICAL EXAMINER* Aug. 13-195	
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stole)
		(Stole) evania
	S. S	b. CITY OR TOWN (if or midst corporate limits, write RURAL and 39 days (Rural) Cumberland  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress)  d. STREET ADDRESS  R.F.D.#1-BOX 303, LaVale, Mooth DEATH Aug.  3. NAME OF DECEASED FIRST  (Proper or pini)  S. SEX  Female  d. COLOR OR RACE  Female  who who hospital  NONCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  NEVER MARRIED  DIVORCED  DIVORCED  DIVORCED  NEVER MARRIED  NONCED  N

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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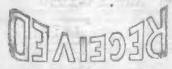
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